



**ROYAL COMMISSION INTO DOMESTIC, FAMILY AND SEXUAL
VIOLENCE**

WEDNESDAY, 5 MARCH 2025

COMMISSIONER NATASHA STOTT DESPOJA AO, Presiding

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Commissioner: Good morning and welcome to day eight of the public hearings for the Royal Commission into Domestic Family and Sexual Violence. I'm Natasha Stott Despoja, the Commissioner for this Royal Commission. I begin by acknowledging the traditional owners of the land on which we meet today, the Kaurna people, and I pay my
5 respects to the elders past, present and emerging, and to any elders from other communities who may be present or listening today. Thank you to those witnesses who appeared yesterday. We had some really interesting conversations about some innovative practises and services which are now being used here and interstate to help prevent and respond to domestic, family and sexual violence. I found the evidence
10 incredibly useful. It provided insights into clever, novel, innovative work happening across our nation and also highlighted some potential options for the Commission to consider for South Australia. Today's subject matter is empowerment and recovery. I've heard many times from those with lived experience that more needs to be done and that healing and recovery processes are long, difficult and have many hurdles.
15 I hope today we can explore this further and that it will inform our work at the Commission and our recommendations. I now ask Counsel Assisting, Ms Orr, to outline today's evidence.

MS ORR: Thank you, Commissioner. Today is the Royal Commission's eighth day of public hearings. Today's hearing, as the Commissioner said, is focused on
20 empowerment and recovery from domestic, family, and sexual violence. Again, as for other public hearings, I acknowledge the domestic, family, or sexual violence lived experience of anyone involved in the hearings, following on the live stream, or watching the recording of this hearing at a later time. I also advise that people may find the content of today's hearing distressing. I remind anyone watching or listening that if
25 you wish to seek support or advice, a list of support services can be found on the Royal Commission's website, www.royalcommissiondfsv.sa.gov.au. As I have explained previously, when we refer to domestic and family violence, it includes all forms of violence that can occur within relationships. This includes intimate partner violence, violence perpetrated between family members and in family-like settings, coercive and
30 controlling behaviour and sexual violence. Sexual violence, whether in a domestic or family setting or otherwise, includes any sexual activity without a person's consent.

We will continue to use the term victim-survivor to refer to people who have experienced or who are currently experiencing domestic family or sexual violence and the term person who uses violence when referring to an individual who uses domestic,
35 family or sexual violence to cause harm to another. The Royal Commission's terms of reference direct it to inquire into how South Australia can embed an approach that supports recovery and healing within South Australia through reducing the risk of re-traumatisation and supporting victim-survivors of family, domestic and sexual violence, including children, to be safe and healthy, to be able to recover from trauma and the
40 physical, mental, emotional and economic impacts of violence, recovery and healing. The terms of reference are aligned with the National Plan to End Violence Against Women and Children 2022 to 2032, in which recovery and healing is one of the four domains spanning the continuum of domestic, family and sexual violence. On recovery and healing, the National Plan writes that victim-survivors require support to
45 recover from the financial, social, psychological, emotional and physical impacts of violence. Recovery also includes addressing the short-term, long-term and lifelong health impacts for victim-survivors, which may include physical injuries, reproductive and sexual health issues and poor mental health. Recovery also relates to the rebuilding of a victim-survivor's life, their ability to return to the workplace and community, as

well as obtaining financial independence and economic security. In cases of gender-based violence, the victim-survivor may still be in contact or live with the perpetrator. In these situations, the family as a whole may need support to recover. Moreover, in some cases, people are both victim-survivors and perpetrators of violence. For example, some adolescents using violence. People in this situation must be supported to both recover from their experiences of violence and address their own use of violence to prevent further harm. While the National Plan acknowledges the need to look beyond the crisis response to ensure that victim-survivors of domestic, family and sexual violence can access support to ensure long-term improvements in their health and well-being, it acknowledges that recovery services are still lacking in many areas, particularly in regional and remote areas, and for people experiencing multiple compounding traumas such as from racism, homophobia, trans phobia, ableism and intergenerational trauma.

Submissions to the Commission from people with lived experience regularly described how long and difficult the recovery and healing process can be, often lasting decades or even lifetimes. Submissions also indicated that recovery can be a form of prevention, in that more support and care after experiencing domestic, family and sexual violence may prevent a person from going on to be re-victimised or using violence in subsequent relationships. Economic abuse and the impact that it has on a person's ability to leave an abusive relationship has also been raised in many submissions and listening sessions. It was a clear message that an important part of the recovery process and a protective factor against domestic, family and sexual violence is financial security. The Commission has heard that people in abusive relationships will often have limited access to financial resources and in many circumstances will not have stable employment or the ability to support themselves and any children if they choose to leave the relationship. The Commission has also heard that leaving an abusive relationship or family is often just the beginning.

People who use violence regularly use various systems to continue inflicting harm on victim-survivors with the most frequent example given to the Commission throughout our listening phase being the Family Court system. Victim-survivors speak of systems abuse occurring over many years, leaving them traumatised, having to maintain contact with the person who used violence or economically devastated. Victim-survivors say they are not able to heal and recover effectively in such circumstances. Of course healing and recovery is an extremely broad topic. Today's hearing focused on empowerment and recovery is an opportunity to explore aspects of what is required for victim-survivors to recover from domestic, family and sexual violence and to explore what is getting in the way. The first witness we will hear from today is Professor Silke Meyer. She is a Professor of Social Work at Griffith University in Queensland whose research centres on different aspects of domestic and family violence. She will give evidence about why recovery and healing is important for people who have experienced domestic and family violence and what they need to recover.

She will also talk about some common barriers to recovery including systems abuse and the impact that it has on victim survivors. Next, Anna Coutts-Trotter will give evidence. She is the director and co-founder of The Survivor Hub, a survivor led organisation which provides peer support to victim-survivors of sexual assault. Ms Coutts-Trotter will explain what The Survivor Hub is and the services it offers and how peer support can have a powerful role in a victim-survivor's recovery and healing process. This afternoon we will hear from Distinguished Professor Bronwyn Carlson

and Dr Terri Farrelly from the Centre of Critical Indigenous Studies at Macquarie University. They are also members of the Australian Research Centre of Excellence for the Elimination of Violence Against Women. They will tell us about their research project which looked at Aboriginal and Torres Strait Islander healing programs that respond to family violence. They will talk about what works for these programs and will also explain how the ongoing impacts of colonisation create barriers to recovery. Kelly Ann Tansley from the Zahra Foundation will then give evidence. The Zahra Foundation describes itself as a not for profit organisation that supports women impacted by domestic and family violence, providing programs, services, education and grants promoting economic well-being and empowering participants to build a life that is free from poverty and abuse. Finally, for today we will hear from Sarah Gun and Tam Norris from the GOGO Foundation, a charity focusing on finding long-term stable employment for those who face barriers to work. They will tell us about their inclusive work program, their involvement with people who have experienced domestic, family and sexual violence, and how supporting them into employment, if it is what they want, can assist in their recovery. Thank you Commissioner. I call Professor Silke Meyer.

PROFESSOR SILKE MEYER, AFFIRMED

20 CMR DESPOJA: Welcome.

MS ORR: Thank you. You are a professor at Griffith University, I understand, and what is your field of research?

25 PROF MEYER: Domestic and family violence, with a specific focus on victim-survivor, help seeking experiences, service system responses, decision to leave experiences of the aftermath of leaving abusive relationships, the impact on children, accountability and opportunities for behaviour change with people who choose to use violence, including in the context of parenting.

MS ORR: As you heard, today's hearing is about empowerment and healing. And I understand that you have done some more specific work in that space.

30 PROF MEYER: Yes, I have.

MS ORR: Would you like to tell us just an overview of some of the work that you've done in that field?

PROF MEYER: Yes. And I'll just quickly log in to this.

MS ORR: Of course.

35 PROF MEYER: I've undertaken a number of different studies examining victim-survivor experiences. I guess the impact on victim-survivors prior to separation or during the lived experience of abusive relationships and separation and post-separation and what is involved in victim-survivors recovery journeys. You've referred to the national plan previously. We led the national consultation project across Australia
40 in 2021 to inform the current national plan 2022 to 2032 and consulted with 80 victim-

survivor advocates and over 400 stakeholders and one of the key areas that came out of that consultation were the four pillars that make up the national plan so including the recovery space. I've done a number of Queensland-based projects including service system responses and integrated service system responses to domestic and family violence and victim-survivor experiences of short and long-term recovery including financial stability and housing stability. We led a national study on coercive control which was primarily focused on experiences of victim survivors, over 1200 victim-survivors of coercive control, experiences and views on criminalisation, but a lot of what victim-survivors told us in the surveys and over 140 follow-up interviews was how coercive control plays out across and very often post relationship separation and how it hinders recovery journeys.

MS ORR: So against that background, I want to ask you about recovery and healing for victim-survivors. Can you explain, or give us an overview I suppose, why recovery and healing is important for people who have experienced domestic and family violence?

PROF MEYER: Yes. And I think we have to start by talking about what we mean when we talk about recovery. And I think, as it's outlined in the national plan, it's really important to remember that, I think, originally, we've often thought about recovery from domestic, family and sexual violence in the context of the emotional, psychological trauma impacts that it has on victim-survivors. But I think we've got an extensive body of work now that really highlights that when we're talking about recovery, we're talking about a holistic approach to recovery, understanding the various aspects that are affected across victim-survivors, you know, I guess post-separation journeys or post-domestic and family violence journeys, also recognising that not all victim-survivors will separate, will choose to separate or will be able to separate but still have recovery needs. Can you repeat your question, please?

MS ORR: You were talking about what recovery means, and you said, "Not just emotional or psychological" so what other aspects are there?

PROF MEYER: Financial recovery and stability and security I guess, in general and that includes housing stability. Like I think not just in the Australian context, but we certainly have the Australian data that domestic, family and sexual violence is a key contributing factor for women's experiences of poverty, financial hardship and housing insecurity and homelessness. So I think really recognising that we're not just talking about the physical recovery in terms of medical support needs around chronic illnesses, injuries and the impacts of domestic family and sexual violence and the emotional recovery needs, but also creating opportunities when we recognise the financial impacts, often through social isolation, controlling mechanisms, financial abuse and financial control, undermining victim-survivors' financial independence throughout the relationship often already, but we've also most recently examined our coercive control data with a focus on women who identified as financially independent and secure during the relationship, and who still experience through post-separation financial abuse, undermined financial stability, housing stability, or impacting the recovery journey. So I think overall the answer to the question of why is this important is because a lack of recovery support undermines everyday functioning, and it undermines victim-survivors reaching their full potential, whether that's professionally, whether that's in their parenting capacity, whether that's as a community member or a family member more broadly.

MS ORR: Does recovery and healing help to prevent future risk or future violence?

PROF MEYER: Yes, certainly.

MS ORR: Could you explain that a little bit?

5 PROF MEYER: Yes. I think maybe starting with a focus on the intergenerational risk,
and I know you've already heard a lot on the impact of children and the risk of use of
violence and victimisation, but I think we've known for a long time that growing up
with domestic and family violence significantly increases the risk of future victimisation
and or perpetration of violence, and that might be in form of adolescent dating violence,
10 so young people starting to use abusive behaviours or experience being entrapped in
abusive relationships in their adolescent dating lifespan. Child to parent violence, like I
think we certainly have a growing body of evidence in Australia now that growing up
with domestic and family violence is associated with a significantly increased risk of
using violence towards sibling, parents, carers. And then we've always known that it
15 comes with an increased risk of victimisation and or perpetration in later, like adult life,
intimate partner relationships. So I think it's certainly addressing recovery needs in
children is a preventative measure to prevent risk of future harm, whether that's via
perpetration or victimisation.

MS ORR: What about the economic cost to, I suppose, the individual, but more broadly? Does recovery have an impact on that?

20 PROF MEYER: Yes, and I think our latest estimates, I think are from 2022 in
Australia, that for the victim-survivor space, we're talking about \$32 billion in terms of
just not looking at anything that policing, incarceration of perpetrators, or behaviour
change interventions cost, but rather just the emotional, psychological, medical care
costs associated with it, but also the flow-on effects this has on when there's a lack of
25 recovery on, I'm going to say primarily women as disproportionately affected by
domestic and family violence, but women's productivity, employment opportunities,
educational opportunities. I guess again going back to the impact on parenting and the
costs associated with child and family welfare interventions around domestic and family
violence where parenting capacity is affected or strategically undermined
30 by perpetrator. So I think we're talking about a huge cost to the individual but also a
huge cost to the community as a whole.

MS ORR: I want to ask you next about some barriers to recovery for victim-survivors. Can we start first with what you've seen in terms of barriers to recovery faced by an individual?

35 PROF MEYER: Yes.

MR HAYES: Can you talk us through some of those things?

PROF MEYER: Yep. And I think maybe the biggest impact or the biggest barrier is
not having a space of safety, security, and stability. So ongoing experiences of
domestic and family violence. And I think it's important to recognise that we're not just
40 talking about physical or the more obvious or the easier to identify and visible-ised
forms of domestic and family violence. So, particularly coercive control we know is

often strategically used as a tool of pulse separation abuse, because it doesn't require any immediate physical contact with the victim-survivor, so it lends itself very well, I guess, from a perpetrator perspective to exercise ongoing abusive tactics, even if the victim-survivor is able to extract herself from the immediate abusive relationship. I think one of the key challenges are when mutual children are involved because mutual children offer an ongoing opportunity for the perpetrator to exercise power and control that may primarily be directed at the adult victim-survivor and the adult victim-survivor may be the primary target or the intention to harm for the perpetrator but certainly also plays out in the lives of children as victim-survivors in their own right.

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10 MS ORR: And do the children provide a point of contact, if you like, or a reason for contact?

PROF MEYER: Yes. And I think when we look at the Australian Institute of Family Study reviews of family court outcomes or study of separating parents in Australia more broadly, a perpetrator or a parent, a father, who wants to have ongoing contact with children is very likely to have ongoing contact with children, and that includes uncontested Family Court proceedings. So I think we need to recognise that where the perpetrator is set on having ongoing contact for the wrong or the right reasons, that that contact is very likely to occur in the lives of children and the primary carer or victim parent.

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20 MS ORR: And then coming back to my initial question, I suppose this ongoing contact can present a barrier to recovery.

PROF MEYER: Yes. I think, again, because there's no stability, no security. I think in terms of the lived experience of victim-survivors that we've heard from across different studies that I've done, but particularly in the coercive control study, where perpetrators strategically use that contact and will continue to exercise power and control, either via financial abuse, via interfering with parenting decisions or decisions related to the children through shared parenting arrangements, ongoing contact. We've heard from victim-survivors in that study and also in another study focused on children's experiences that some perpetrators will strategically undermine that relationship or discrediting the victim-survivor parent and creating tension in the home when child victim-survivors then return from contact with a perpetrator parent and go back to the victim parent household. So playing out, I think, in multiple ways. It doesn't just mean that a perpetrator will be emotionally, verbally abusive towards the adult victim-survivor but will use children, contact with children, contact with the adult victim-survivor to negotiate arrangement around children as an ongoing platform, particularly for coercive control.

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35 MS ORR: Some other barriers you mentioned earlier, lack of access to safe and secure housing. Is that a common barrier to recovery?

PROF MEYER: Yes. And I mean, I think it's for many victim-survivors already a common barrier for leaving, because victim-survivors are well aware of the reality or the very real risk of homelessness if you're leaving an abusive relationship. I think particularly when there's already financial dependence or a lack of financial independence of the victim-survivor throughout the relationship, but I think in the current experience of cost of living crisis and the current issue around housing affordability in Australia, victim-survivors will be very well aware of the struggles to

secure safe housing. And in some of the work that I've done on victim-survivors' experiences of homelessness in the context of domestic violence, I think the other reality is that when victim survivors are able to secure housing, very often depending on their level of financial stability, what they're able to afford is not necessarily in areas that they feel safe and secure to live in as a woman to start with but also to raise children in.

MS ORR: You've mentioned financial stability, is that another barrier to recovery or to even leaving as you've said?

PROF MEYER: Yeah. So I think to leaving in the first place and also to recovery, I think just in terms of all of the life aspects that we've just talked about in terms of raising children, in terms of securing housing in an area, in a neighbourhood that you're comfortable raising your children, that's in close proximity to wherever you need to be, whether that's because you have employment that's limited to a certain location, you have children that are maybe well-established and integrated into a schooling community, maybe because you're relying on parents or extended family for child care support and not being able to leave or move into areas of lower cost housing, for example. So I think the whole financial stability plays into the housing stability, and it plays into other recovery areas in terms of being able to afford access to recovery support in terms of, if we're going back to the emotional and psychological recovery, like we know victim-survivors are much more likely to experience higher rates of anxiety, depression, PTSD, self-harming behaviours, eating disorders, suicidality and the same goes for children as victim-survivors.

We've got very similar data now for children in terms of the rates of PTSD, anxiety, depression, self-harming behaviours. And we know from studies with mothers how difficult it is to access therapeutic interventions for themselves if it's not accessible, free of charge via DV specialist counselling services for example. So access to private psychologists, even under subsidised mental health care plans often is unaffordable for victim-survivors depending on their level of financial stability. Paying the same for children, so I think mothers have often spoken in the interviews I've conducted about recognising the recovery needs for children but being unable to access child centred therapeutic interventions either because they're costly or the ones that are of lower cost of real charge have long waiting lists, and so I think very often mothers act as recovery agents for their children because they recognise the trauma impact on children but also very often haven't even had an opportunity to address their own recovery needs.

MS ORR: I think you mentioned before, is financial independence itself often compromised through an abusive relationship? So the relationship makes financial independence more difficult?

PROF MEYER: Yes, and that just reminded me of something I wanted to go back to. Earlier when you were talking about risk and the lack of recovery and the risk of subsequent victimisation experiences, I think if we recognise that financial dependence or financial security is a key protective factor from domestic and family violence, the lack of and the undermined financial stability obviously makes women more vulnerable for predatory behaviour in subsequent relationships as well. And, sorry, can you repeat that?

MS ORR: Well, I think you answered my question, that not only is financial

independence a barrier to recovery, but it is in fact compromised by an abusive relationship, often.

PROF MEYER: Yes. So I think often throughout the relationship we know that very often financial control may take many forms and perpetrators may disrupt career
5 opportunities, and you know I've heard anything across interviews from perpetrators showing up repeatedly at workplaces to make it inconvenient for the victim-survivor or create tension in the workplace or calling excessively while the victim-survivor is supposed to focus on work tasks or interfering with work in other ways so that either the victim-survivor may go it's easier for me to give up this job that he doesn't want me to
10 have anyway because he doesn't want me to have this level of financial independence or that the victim-survivor loses her job because of all the interferences.

MS ORR: And we've heard about financial control itself, lack of access to bank accounts for example.

PROF MEYER: Yep. And debts created in victim-survivor's name. So I think in
15 addition to minimising the victim-survivor's own financial stability or access to financial resources, it's also not uncommon for perpetrators to create debts and leave, if the victim-survivor is able to separate, leave her with debts in her name, whether that's rental debts, whether that's mortgage debts, whether that's credit card debts, car loans that are taken out in victim-survivors' names without the victim-survivor's knowledge,
20 and then creating a space where her opportunity to get back on top is so significantly undermined at the point of separation that it makes it really hard to financially recover, even if the victim-survivor is able to pick up career-wise where she left off previously.

MS ORR: And still talking about barriers, but I want to move on a bit to ask about barriers created by systems around domestic and family violence. Can you explain that
25 to us?

PROF MEYER: Yes. I think there's a range of different barriers, but one of the key barriers probably is when systems are blind to domestic family violence, the dynamics and complexities of it, and how the system may be manipulated by perpetrators in the course of intervening with individuals or families. I think some systems have gotten
30 better than others. We've certainly seen a lot of professional development initiatives across different systems including child protection, health, mental health, drug and alcohol services, more recently in the family law space. But overall systems can be inaccessible to victim-survivors. I also think we're often talking about systems that are overwhelming, particularly when we're talking about legal systems. I guess the average
35 community member already doesn't necessarily understand how legal systems work and when you're imagining a victim-survivor who is in a point of crisis or highly affected by the impacts of domestic and family violence in terms of anxiety and PTSD, for example, that it can be incredibly difficult to navigate a system during a point where there's not much space for recovery going on for victim-survivors.

40 MS ORR: Does that extend across a broad range of help-seeking assistance services?

PROF MEYER: Yes, and I think maybe one of the other barriers there is that our systems continue to be so silo-ed and dissected. We know that victim-survivors tend to have a multitude of support needs, whether that's around parenting and may have

contact with Child Protection, whether that's around separation and family law proceedings, police interventions, court responses in the civil space, for example, around intervention or protection orders, but also in the criminal space, if there's been charges around domestic and family violence. And I think very often we don't see the level of holistic approaches or system integration that we could see. And that I think we've been talking about for a long time now in terms of the need for the system to take a more holistic approach. I think the systems are all very well aware that they have a shared service user pool, if you want, or that victim-survivors tend to overlap across housing, mental health, policing, courts, Family Court, Child Protection, the same for perpetrator populations. I think the systems are well aware that they are sharing a pool of service users with a range of other systems, but it hasn't moved towards that level of service integration that we could see to really make the journeys of, I think, both victim-survivors but also perpetrators better in terms of monitoring risk, in terms of accountability, and in terms of creating pathways for people using violence who do want to change or have capacity to change to actually be linked in with relevant support services.

MS ORR: I want to pick up on two of the services or systems that you've mentioned then. You mentioned Child Protection, can that sometimes create a barrier to recovery? I mean the Child Protection system, can that create a barrier to recovery?

PROF MEYER: Yes. I think we are still hearing from victim-survivors in our research that despite a lot of efforts to move away from the mother blaming approach to it's a victim-survivor's responsibility to separate and to not expose children to domestic violence, that we still hear from victim-survivors that there's a lot of mother blaming and questioning around what is she doing to adequately protect the children and that the parent who chooses to use violence as a parenting choice remains invisible in those systems. I think in those scenarios the Child Protection system is certainly contributing to that where it's unable to see perpetrator behaviour, perpetrator accountability and where the focus continues to be on what's the victim-survivor doing or not doing.

MS ORR: And mental health, is the mental health system creating barriers in terms of recovery?

PROF MEYER: I don't know if the mental health system is necessarily creating barriers, but I think the lack of affordable access to therapeutic interventions around recovery support is certainly creating barriers to recovery. Again, when we're going back to talking about either long wait lists for free or low cost therapeutic interventions or the lack of affordability for private clinical psychologist support. So I think there's certainly more that could be done, and I think also certainly more holistically in terms of recognising the need for trauma recovery centres or hubs that don't just focus on individual clinical one-on-one counselling, for example, but take that more holistic approach to what's required and what are some of the barriers or what's hindering progress around recovery, because I think we go back to there's only so much you can do in recovery in one-on-one clinical counselling if in the background you're either constantly exposed to abusive behaviours by a controlling partner post-separation and or you don't have financial or housing stability to care for yourself and all your children.

MS ORR: On a related topic, but moving on slightly, systems abuse which you've sort of referred to I think in your evidence so far, could you give us sort of a brief description of what systems abuse is?

PROF MEYER: Yes. Again, I think it can take many forms, but generally it is where the person using violence is using or misusing systems that are generally set up to support other victim-survivors or maybe families more holistically, to their advantage and the victim-survivor's disadvantage. So, you know, that may involve police and
5 calling police and creating scenarios where the victim-survivor may appear as not an ideal victim-survivor, so creating scenarios where she's so emotionally overwhelmed that she may appear erratic or hysterical, where the perpetrator creates a scenario where he's making out her to be the emotionally abusive or verbally abusive or erratic party as opposed to him. We've also seen scenarios, particularly while I was on the Domestic
10 Family Violence Death Review Advisory Board, in reviews of perpetrators who strategically contact police ahead of knowing that the victim-survivor may reach out for support, or where the perpetrator has a sense that she's about to disclose or seek help somewhere where perpetrators contact, for example, child protection or, for example, police to say, you know, "There's pending separation, my partner's being vindictive, and
15 she may call you and make up stories of domestic and family violence", for example. So I think all those things are scenarios that we've heard in research that we've seen in case reviews.

MS ORR: Do you see systems abuse in the family court system?

PROF MEYER: Yes.

20 MS ORR: Could you describe some of what you've seen in that context?

PROF MEYER: Yes. I think we've got a fairly well established Australian body of research to support that by other experts as well. In terms of litigation abuse, so either perpetrators initiating vexatious litigation, making false allegations about parenting capacity, for example, initiating or re-initiating excessive litigation in an attempt to
25 financially undermine the victim-survivors or anything that leads to repeat correspondence costs the victim-survivor legal fees so in a strategic attempt knowing that that's going to drain her financial resources. Using applications for shared parenting orders or shared parenting arrangements as an ongoing platform for primarily contact with the adult victim-survivor, although we've also heard about perpetrators that
30 will equally abuse, manipulate, coerce and control children in the relationship. But I think overall I would say based on my research experience, the primary target is the adult victim-survivor to create a platform and to misuse the system to have ongoing access to the adult victim-survivor. I guess forcing the adult victim-survivor who's managed to escape the abusive relationship into an ongoing relationship around
35 parenting arrangements.

MS ORR: You have mentioned previously that sometimes you see people who use violence hindering therapeutic help for children as a form of systems abuse.

PROF MEYER: Yeah.

MS ORR: Can you describe how that plays out?

40 PROF MEYER: Yeah. Again, I want to say a lot of that has come out of the coercive control study, but I've also heard that in other studies, in Queensland-based studies that I've done on women's post separation journeys, where, again, particularly if the

perpetrators achieve shared parental responsibility via parenting orders, to hinder children's access by not giving consent to therapeutic interventions, and that may be because the perpetrator has a vested interest that the child doesn't disclose the lived experience of violence or non-physical abusive behaviours in the home, for
5 example. But sometimes it's also just to interfere with mum's decision-making around parenting and creating support for children by hindering that access and denying the child access to therapeutic support. I've also heard from practitioners and our research where we've interviewed stakeholders that practitioners will say they've worked with
10 families where the perpetrator makes it so uncomfortable either for the practitioner to work with the family or where the perpetrator behaves in a way that the practitioner has safety concerns for the child if the child's disclosing information and then a perpetrator is aware that the child's working with a practitioner that next time the child has you know contact or time spent with the abusive parent, that essentially a perpetrator will,
15 you know, I guess, coerce the child for information or threaten the child not to disclose certain things and that in the end it's counter-productive to the therapeutic work that a therapist would do with a child in the recovery process.

MS ORR: You mentioned earlier that sometimes the systems can be blind to this abuse, but there has been some improvement, generally speaking.

PROF MEYER: Yes.

20 MS ORR: Can you explain that a bit more, please?

PROF MEYER: Yeah. So I think there's certainly a recognition among systems that systems are being manipulated. And I would say that's evidenced by those efforts of, for example, using Safe and Together or other professional development opportunities for front-line practitioners to recognise and map perpetrator behaviours and to better
25 understand the impact of domestic and family violence on the victim-survivor, her everyday functioning, her parenting capacity, especially in that context of when we're talking child protection or family law where parenting capacity may be under scrutiny.

MS ORR: But there's obviously still issues happening.

PROF MEYER: And think there's multiple things to that. Obviously just because an
30 organisation recognises the need for more DV informed practise doesn't necessarily mean that that translates to every practitioner on the ground. I also think we're talking about systems, particularly when we're talking about the Child Protection system, where we have such a high staff turnover that even if we have annual training of new staff, by next year you know a significant number of trained staff will have left, and you have a
35 significant new number of untrained staff at least for a period of time, so I think that that is a challenge, and then I think there's a challenge of some practitioners struggling with the idea that they're being manipulated. And I've seen that in interviews with stakeholders where people feel they're definitely not being manipulated because they know and recognise domestic and family violence. I think that's tricky if practitioners
40 are not recognising how easy it is to be manipulated.

And I think we know this from the men's behaviour change space and the men's support help lines that even practitioners who work and specialise in that work on a daily basis will say that collusion is a major risk and that this is incredibly hard work

because if you have a skilled perpetrator, a perpetrator is really good at manipulating a practitioner or the system. So I think it's important for practitioners to recognise that it is okay that you are a target in these systems. The reality is that as a front-line practitioner, you are a target for a skilled perpetrator who wants to misuse the system to be manipulated and to be willing and open to do more I guess, professional development around perpetrator behaviour, perpetrator systems use, mapping of perpetrator behaviour and I think I say that based on having interviewed probably about 50 or 60 men over different evaluations of men's behaviour change programs, how easy it is to fall into the trap of believing what someone's saying if you're not cross-referencing that information either with a victim-survivor or any other corresponding evidence.

MS ORR: I should probably say as well, I realise that I am generalising by putting all of the systems in one group. There's obviously variation across different system services and how they are responding to this issue. But we're just talking about some general themes in what you've described so far.

PROF MEYER: Yes. And I think equally recognising that within systems, there are some great, highly skilled practitioners and some untrained practitioners. We did a study on practitioners in corrections, Child Protection, mental health and AOD services on practitioners' perceptions, attitudes, and practises around screening male service users for potential use of violence, if we recognise that use of domestic violence often intersects with, you know, other complex behaviours, whether that's AOD use, mental health issues, criminality and or problematic parenting behaviours, then we have to recognise that male service users coming into those systems have a higher risk than the average person of being a perpetrator of domestic and family violence and what are practitioners doing or how are they understanding or how comfortable are they to identify and the attitudes and the practises around screening varied greatly unsurprisingly I think, with a level of training that people have received and there was a significant number of front-line practitioners across those systems that said they've never received any domestic and family violence training. So you know I think the quality of the response to identifying and disrupting domestic and family violence in our service system varies greatly with a practitioner and the organisational support that creates a space for practitioners to upskill around identifying and understanding and responding to domestic and family violence.

MS ORR: Are you able to give us some insight into or describe why people who use violence will go about this systems abuse? Why do they do it?

PROF MEYER: Yes, I would say first and foremost, probably to maintain power and control over the victim-survivor. Control the narrative of domestic and family violence or what the victim-survivor may report. I think the examples that I gave earlier in terms of pre-empting any of the victim-survivor's help seeking, stigmatising the victim-survivor, undermining her credibility before she has the opportunity to, I guess, seek help and create her own narrative around her lived experience of domestic and family violence. And so I think some of those systems, again, unfortunately, create opportunities for a highly skilled perpetrator to exercise ongoing power and control.

MS ORR: We spoke earlier a bit about how financial independence can be impacted during an abusive relationship. We've also heard the term economic abuse being used. Is that the same thing? Is that what we're talking about, and can you describe for us

what economic abuse looks like?

PROF MEYER: Yeah. So I mean, I think there's economic abuse or financial abuse, whichever way you want to refer to it, in terms of restricting a victim-survivor's access to shared household finances, potentially her own finances. I've interviewed victim-
5 survivors who had gainful employment but had no access to her own money coming in because the perpetrator controlled all that money, making her account for every bit she spends on grocery expenses, child related expenses, you know clothing for the children or herself, household items and so forth. I think those are what we've understood as traditional forms of financial abuse or economic abuse or again interfering with the
10 victim-survivors opportunity for employment, her work arrangements, hindering her access to further education to progress her career for example.

So I think those would all fall under strategies of economic abuse, and then we have economic abuse that is a form of systems abuse, or I guess that's facilitated via systems abuse. So I think particularly in a family law context, again, victim-survivors have
15 talked about that a lot, where the perpetrator is using the system because it is a costly system. Like I think this is one thing that we need to recognise or also call out. Like I think contested Family Court proceedings are incredibly expensive and if a victim-survivor is drawn into those proceedings because she has to either respond to the perpetrator's applications in Family Court proceedings, or she feels the need to initiate
20 Family Court proceedings herself to adequately protect the children from ongoing harm then that is a costly undertaking for a victim-survivor. And if a perpetrator uses that strategically in terms of delaying proceedings, or as I said earlier, excessive litigation, emailing the lawyers repeatedly with little bits and pieces that she or her legal representation has to respond to, it's a form of systems abuse, but that essentially
25 impacts the victim-survivor via financial abuse and via undermining her financial resources or stability if she has any left.

MS ORR: And then, as you said earlier, that is a form of abuse which also prevents recovery.

PROF MEYER: Yes.

30 MS ORR: In these discussions around, or focus around empowerment and recovery, should there be a focus on the person using violence in your view?

PROF MEYER: Yes.

MS ORR: Can you explain that to us, or what you think there should be?

PROF MEYER: And I think partly because there is no space for recovery if we don't
35 disrupt ongoing patterns of abusive behaviour. So I think it is about disrupting that behaviour, whether that's via a system that puts a stop to it, whether that's via referral pathways into behaviour change for people using violence who are willing and motivated to engage in behaviour change or whether that's via disabling ongoing abusive behaviours via risk monitoring, charges, prosecution, Corrective Services
40 interventions.

MS ORR: Sometimes is accountability enough? Or does it help even if the behaviour

itself's not changing?

PROF MEYER: I think it starts with accountability and I think there's certainly more opportunities to call out behaviours across different service systems. I think particularly when we talk about service system abuse, if a perpetrator is aware that his behaviour is being called out, either when he's making vexatious reports to Child Protection or when he's engaging in excessive attempts of litigation, for example. I think by disrupting that and calling it out, we deter, or we don't have a system that encourages or creates a platform for that behaviour to be ongoing because it's not being disrupted. So I think accountability and systems holding people who are misusing the system accountable is a starting point. I think it depends a lot on the dynamics and the perpetrator of whether that's going to be - I think for some perpetrators that will be enough. For other perpetrators, it will just mean that the perpetrator will find a different pathway to continue and abuse the victim-survivor, and we know that very often perpetrators are quite good at navigating and shifting towards alternative or more subtle ways of particularly non-physical forms of domestic and family violence as ongoing forms of post-separation abuse.

MS ORR: It's probably been apparent from the evidence that you've given so far, but this kind of systems barriers, systems abuse, can you describe what impact that has on a victim-survivor's recovery?

PROF MEYER: I think it just creates a space where recovery can't even commence. If we have service system responses that create ongoing exposure to an abusive partner, while creating a space where there's no safety, security and stability for the victim-survivor to engage in recovery processes and rebuild her life whether that's emotionally, whether that's financially or as a parent.

MS ORR: No space for it, I think, was the - - -

PROF MEYER: Yeah.

MS ORR: So, in your view, and based on your research, what do victim-survivors need to recover? Are there some elements that you could speak to?

PROF MEYER: First and foremost, a space for recovery and I think that is, you know, safety, stability, security and I think one of the things to recognise just because the ongoing exposure to an abusive ex-partner is disrupted, or because he stops his abusive behaviour, doesn't necessarily create - I think there needs to be a space. What women often talked about in the coercive control study in particular is that not knowing, and I think it's almost comparable to what we know about the abusive relationship space where victim-survivors describe constantly being on edge and constantly walking on eggshells. It's not that you're being abused necessarily on a daily basis, it's that you're never knowing when it's going to occur next and what it's going to look like and how it's going to escalate. And I think that's very similar in the post-separation space. If there's an ongoing platform for potential contact and for potential abusive strategies, there may be none of those for a period of time. But because victim-survivors never know when he's going to intervene or interfere again, either with child related recovery or decision-making, or her own financial stability or her own perceptions of safety, it creates a space of instability where that, you know, I guess that recovery work can't genuinely

commence.

So I think a space for recovery would be the first thing. And then all the other things that we've talked about in terms of, you know, housing stability, I think we can't expect recovery to begin if adult and child victim-survivors are residing in insecure or unsafe housing arrangements or unsustainable housing arrangements. Financial security, and I think that needs to come with supporting victims, like when you're talking about empowerment, for example, creating opportunities to support victim-survivors to re-enter the workforce where that's been disrupted, to regain access or opportunities for additional education. Like we know that victim-survivors statistically are less likely to obtain tertiary qualifications, for example. So if we recognise that, I think we also need to recognise in the recovery process that we need to support victim-survivors in rebuilding opportunities for further education, for professional development, to rebuild career opportunities, to rebuild opportunities for financial stability and independence for themselves and also to raise their children.

And I think really also recognising the child centred recovery needs because we're asking a lot of the victim-survivor parent, if the victim-survivor parent always acts as a semi-therapeutic support mechanism for children because mum recognises the impacts on children and tries to mitigate them and work with children, but is neither qualified to do that nor has she had a space and an opportunity to progress her own recovery journey. So I think we really need to focus on greater accessibility, availability and affordability of child centred recovery support, adult victim-survivor recovery support and rebuilding that parent child relationship.

MS ORR: Thank you, Professor. Commissioner, I have no further questions.

CMR DESPOJA: Thank you, assisting counsel. Professor, I think your last answer is one that I'd like you to elaborate on. You used the terminology recovery agents in relation to the mother and a mother's role. Could you give us some more detail as to what that entails, what you mean by that?

PROF MEYER: Yeah. Just based on the data we've collected from women, where women who have carer responsibilities for dependent children will engage in, you know, teaching children mindfulness strategies, for example, to cope with when they're emotionally overwhelmed, around anxiety, depression, mitigating the impact when mothers know that children have to have ongoing contact because it's been court ordered for children to have ongoing contact with the abusive parent, but children are reluctant to have or are afraid to have that kind of contact where mothers do a lot of prep work to kind of, I guess, empower children to feel safe enough to go, but then also pick up the pieces when children return to the victim-survivor households. I think mothers have talked a lot in my research about the, you know, I guess the kind of emotional support that they provide to children to cope with the ongoing impact on domestic and family violence. Well, I guess while not being therapists and while often not having their own space for their own recovery journey so, yeah.

CMR DESPOJA: Pretty tough if a mother is expected to sort of provide that recovery and therapy for children. It's very difficult I would imagine for her to then get her own recovery journey under way.

PROF MEYER: Yes. And I don't necessarily think that we're expecting mothers to be therapists for their children but - - -

CMR DESPOJA: No.

5 PROF MEYER: - - - we're certainly expecting them to support children, and you know
be the best parent they can be when it comes to schools for example picking up on
problem behaviours at school or falling behind educationally. So I think mothers very
often recognise the impact on children, whether that's around behaviour problems,
whether that's around educational disengagement, whether it's about mental health
10 children. That's not quite being delivered in the systems they tend to access because it's
either not a child welfare or child protection matter or the DV specialist services
certainly recognise the impact on children but are very often not resourced with a
specific child therapeutic role to work with children. So I think mothers navigate a
service system that doesn't quite get them access to therapeutic support for their
15 children, but they see the impacts and as a result, they try to manage the manifestations
of the aftermath of living with domestic and family violence as a child to the best of
their abilities.

CMR DESPOJA: Yes, and I used the term therapist loosely there obviously - - -

PROF MEYER: Yeah, yeah.

20 CMR DESPOJA: - - - just in terms of some expectations. When you talk about some
of these financial barriers in relation to systems, I mean you talked about how costly the
Family Court process is, lawyers et cetera, navigating that system. What's the answer to
that? How do you reduce those costs? Is there an expectation or an onus on some of
those systems or governments or others to reduce those costs? I mean how do we begin
25 to approach that in a practical way?

PROF MEYER: Yes. I mean, I think certainly one way would be in terms of financial
assistance for legal support where Family Court proceedings are necessary, because it is
unsafe for a victim-survivor to navigate parenting arrangements outside of a
professional space or a legal space, for example. I also think there is an opportunity for
30 more domestic and family violence informed service system upskilling across the
broader family law system. So I don't mean just the Family Court, where families
enter contested proceedings, and you know have interactions with children's lawyer or a
child court expert or a judge for example, but I think that starts in the dispute resolution
space particularly around when we're talking about coercive control training for
35 example to really recognising those often invisible forms of domestic and family
violence, the patterns of behaviour and how that plays out in parenting and I think also
recognising how it impacts children. I think there's still often a very prominent
assumption that if violence hasn't been directed at children, children aren't impacted.
We have a lot of research now that shows that non-physical forms of domestic and
40 family violence, growing up with domestic and family violence between other family
members but never being a direct target of it, have significant detrimental effects on
children's short and long-term development. So I think there's opportunities for the
broader system to be upskilled, for perpetrator behaviours to be detected earlier, called
out earlier and disrupted earlier.

CMR DESPOJA: Thank you. Certainly that notion of a child-centric approach, we're very conscious of a lot of that evidence and research material. I take on board your comments previously around the training of professionals and that need for workforce sustainability, you mentioned turnover, et cetera. CMR DESPOJA: Moving away
5 from, say, systems and services that might be provided through government or NGOs, et cetera, I'm curious about the role of the private sector, the corporate world or businesses and industry. The reason I ask that is because you were talking about the kind of support that usually women will need, whether that's financial or other, is there more that can be done by businesses in relation to aiding that recovery journey for women
10 and their children? Do they have a role to play?

PROF MEYER: I think they have a role to play. That's probably not my area of expertise in terms of working with businesses, but I think in terms of recognising experiences of domestic and family violence and recognising the impact, creating space for victim-survivors, and I think some businesses and industries are better than others in
15 that, and some are also more regulated now in terms of access to time off to attend court for protection order proceedings, for example, and similar things, because I think there are certainly things that women reported in the coercive control study, that time off work to, you know, attend court, whether it's repeat Family Court proceedings or protection order or Criminal Court proceedings that have an impact on their
20 employment security and recognising that smaller businesses may have a harder time to create paid time off for victim-survivors, but I think there's certainly opportunities to upskill businesses around understanding how domestic and family violence may play out and how it may play out into and impact the work space or the productivity of victim-survivors and supporting victim-survivors and I think equally perpetrator
25 accountability.

CMR DESPOJA: And I didn't mean to stray into a different area. It was also sort of prompted by when you were talking about financial abuse and women ending up with mortgages in their name or bank loans. So I wonder if there is some added
30 accountability required in some of those systems to ensure that that doesn't happen and certainly doesn't happen without the knowledge of the person involved?

PROF MEYER: Yeah. I mean I think certainly accountability in that sense of how is it even possible that somebody ends up with a loan in their name that they provided no signatures for, or no securities or documentation or otherwise? But I think also an onus
35 on systems and industries, I think, again, on upskilling to recognise and identify domestic and family violence thinking, especially coercive control. So when, as a business or as a loan provider or a financial institution, you're dealing with a couple and what are the opportunities to pick up or have individual conversations with both parties around genuine consent and intent to make this financial commitment for example? So I think that there are certainly opportunities to upskill even though they're not
40 necessarily front-line practitioners in the sense of responding to victim-survivors and perpetrators but because we know how high the prevalence rate of domestic and family violence is, we could certainly argue that every business in an everyday practise will be coming across domestic and family violence victim-survivors and or perpetrators and in some cases, the perpetrator may be using that system to their advantage or to
45 disadvantage the victim-survivor.

CMR DESPOJA: I guess that all goes back to your \$32 billion figure as well, the cost to society. Thank you for your evidence today. Also, thank you for your academic

work and research, particularly examining issues not only of non-Indigenous but Indigenous women's experiences as well. We appreciate your information. Assistant counsel?

MS ORR: i'd ask the witness to be released, Commissioner.

5

THE WITNESS WITHDREW

CMR DESPOJA: You're free to go. Thank you, Professor.

MS ORR: And, Commissioner, if we could just have a break before the next witness.

10 CMR DESPOJA: Yes, I think we've got some technology to work out for our next online form of evidence. We'll take a break. Thank you.

ADJOURNED

15 **RESUMED**

CMR DESPOJA: Welcome back to proceedings at the Royal Commission into Domestic, Family and Sexual Violence. I hand over to assisting counsel to introduce the next witness.

20 MS ORR: Thank you, Commissioner. I call Anna Coutts-Trotter who is appearing online.

ANNA COUTTS-TROTTER, AFFIRMED

25 MS ORR: Ms Coutts-Trotter, can you see and hear me?

MS COUTTS-TROTTER: Yeah, I can.

MS ORR: You are the director and co-founder of the Survivor Hub.

MS COUTTS-TROTTER: Yep, I am.

MS ORR: Is it correct that you created it with three other co-founders?

30 MS COUTTS-TROTTER: Yes, that's true, yep.

MS ORR: Can you tell us what is the Survivor Hub?

MS COUTTS-TROTTER: Yep, so the Survivor Hub is a charity, and we aim to support, inform and empower people impacted by sexual violence, so survivors themselves but also more recently, parents of survivors too.

MS ORR: When did you set it up?

5 MS COUTTS-TROTTER: We set it up in November 2021.

MS ORR: Can you explain to us the background into you setting up the Survivor Hub?

MS COUTTS-TROTTER: Yeah, so from my own experience, I can't speak for my co-founders, obviously, but for me, I experienced sexual and domestic violence as a young person aged 15 to 17. I also went to court as a young person for the sexual and
10 domestic violence. And a few days before the trial started, I was sitting at court, and I was sort of just waiting, and I didn't know where else I wanted to be, and I didn't know what to expect, and a young woman walked over to me, and she said, "Are you a
15 journalist" and I said, "No, I'm not a journalist. I'm a witness. I'm a complainant in a case that's about to start in the next two days." And she was a complete stranger. And she sat down next to me, and she spoke to me for hours that day. And she was a few
20 days ahead of her own trial for similar experiences of sexual violence. And even though this woman, Bec, she was a stranger to me, she also, I felt, knew me the best in my entire life at that very point in time, because nobody else in my life - I didn't know any other survivors, but I particularly didn't know any survivors who'd been through the
25 court and I was feeling very isolated and confused and lost. And then there was this woman who understood what I was going through. And it was that kind of baseline of understanding and the non-judgment and that sense of community and I wanted to replicate that for other survivors. And so that's where the Survivor Hub was born from my perspective.

25 MS ORR: Survivor Hub is a peer support group, is that correct?

MS COUTTS-TROTTER: Yeah. So runs meet ups which are peer support groups.

MS ORR: And had you looked for peer support groups or options when you were going through court?

MS COUTTS-TROTTER: Yeah. So I'd asked for referrals from my own counsellor,
30 and she had said to me that she couldn't do a referral because she couldn't find any other groups that existed and even now, we've looked for other groups that have existed, and we haven't found anything not in the way that we do it anyway, so we'll talk about it soon but open to all genders and things like that.

MS ORR: Well that leads me to my next question, which is what does the Survivor
35 Hub do?

MS COUTTS-TROTTER: Yeah. So we run peer support groups called Meetups. And Meetups are open to all survivors of all genders and experiences of sexual violence over 16 years old. And as I just mentioned, we also have a Meetup for parents of survivors too in Sydney, which is a new one. And so Meetups, they're peer support groups. That
40 means they're facilitated by survivors of sexual violence. And they're also supported by

social workers, counsellors, psychologists. Depends on the location. Should I talk about like structure and stuff?

MS ORR: Yes, please.

MS COUTTS-TROTTER: So, they're loosely structured by a running sheet. So, we
5 begin with an acknowledgement of country. We do introductions around the
group. People share pronouns if they'd like to. We do an icebreaker question, which
changes every time. We speak about how we are in terms of the weather. So, if you're
feeling good, you might be feeling sunny. If you're feeling stressed, you might be a bit
stormy, something like that. Then we go into the main part of a Meetup, which is
10 largely unstructured. So, people can submit topic requests before they join a Meetup,
they can also request topics either verbally while we're going through, or they can write
something down and hand it to a facilitator. And then at the end, we do a self care
debrief or wrap up.

15 Some of the common topics that we talk about would be things like navigating intimacy
post-assault, friendships, fallouts from friendships, so people not being believing,
disclosures, whether that be to partners or parents or workplaces, things like that. The
court and reporting process, types of therapy, new relationships, things like telling
parents. It's very important to note that we don't coach people, particularly when people
20 are coming and talking about court. They have questions about the reporting process
and the court process. We'll never tell someone what they should or should not do. We
can only speak as peers and will often say, "We can't give legal counselling or medical
advice, but we can speak from our own experiences" and we believe that being able to
have lots of different people speaking about their own experiences gives people the
25 information they need to make informed decisions about their own healing and recovery
process.

MS ORR: I think you said the Meetups have facilitators, who are the kinds of people that facilitate Meetups?

MS COUTTS-TROTTER: So, they're usually people who have come to Meetups,
30 whether that be online or in person, and then they've said that they'd love their
own Meetup in a location that's better for them, and sometimes that's interstate. And
then we go through a short sort of interview process, and then a training process, and
then we open a Meetup in their location.

MS ORR: And I think you said there's a councillor or a social worker present as well.

35 MS COUTTS-TROTTER: Yeah, and sometimes a psychologist. In some of the
groups there are psychologists.

MS ORR: You've mentioned that often people who are going through court come to the Meetups. Is it restricted to people going through court proceedings?

MS COUTTS-TROTTER: No, it's open to everybody, but we think that about 10 to 13
40 per cent of survivors of sexual violence report to the police. But we think that in
our Meetups, it depends on the day and the time and the location and things. But we

think it's about 40 per cent on average. So there are a lot of people who are going through court who come to our Meetups, and we think it's just because it's a time where, as a survivor, you have a lot of questions, and you're feeling a lot of, you know, isolation and confusion and things like that and so peer support is a pretty good experience for people who are looking for those things.

MS ORR: Is there any risk of trauma or causing harm to anyone in the Meetups and how is that managed?

MS COUTTS-TROTTER: Yeah. So there's always going to be a risk of that, but the way we manage it is we do training with our facilitators. We specifically have counsellors, social workers, and psychologists for that reason. So if someone does become distressed, they can speak to one of the counsellors, social workers, psychologists if they'd like to. But we also put a big emphasis on, and this is in the group rules, not sharing explicit details of experiences of sexual violence. And that's because it limits potential for re-traumatisation, but also because we have a philosophy as survivors ourselves, which is about not living in the past and living in the future and the healing and the recovery process. And so we think that the details don't matter. You don't need to know the details to believe someone, and you don't need to share the details to receive support. You can, you know, be talking about the aftermath and the healing and recovery.

MS ORR: Do you ever get people coming in who are in what you could describe as a state of crisis or is that rare?

MS COUTTS-TROTTER: It's very rare. It may have happened maybe two or three times, and we've had to do some follow-up and make sure that those people have been connected with services that are probably more appropriate for them at that time, but it's incredibly rare.

MS ORR: Where are Meetups now taking place?

MS COUTTS-TROTTER: So, I had to write a list because I was worried that I'd start to forget them. So, in New South Wales, we have Balmain, Sydney University, UNSW, Newcastle, Gosford, Wollongong, Broken Hill, Byron Bay. In Victoria, we have Ballarat and Melbourne, and then we've also got Canberra and Perth. We then also have online Meetups that are open to all survivors older than 16, but then we'll - - -

MS ORR: We've just lost you on the link.

CMR DESPOJA: You're back but unfortunately Ms Coutts-Trotter, we lost you. We got to your online Meetups, and then you froze.

MS COUTTS-TROTTER: That's because I live in Broken Hill and the internet's not so good here. So online open to everyone older than 16 and then also online for veterans and defence community members. Then we have parent Meetups for parents of survivors and Hobart and Brisbane coming in the next month or two and then more that are probably a little bit too early to be speaking about.

MS ORR: So across the country now, they're being offered?

MS COUTTS-TROTTER: Yeah.

MS ORR: And I think you said before that often a group starts because it is a survivor who's been part of a Meetup previously that then wants to facilitate a group.

5 MS COUTTS-TROTTER: Yeah. So that would be the most common way that we'd start a new Meetup. So we have a lot of people messaging us on social media and emailing us and asking us to start groups. And then we have people coming up to me, maybe at conferences or events that I'm at and asking about Meetups. But the most common one that we have is people who attend maybe online, and then they'd like to open a Meetup in their area.

10 MS ORR: How can people join as in to attend I mean?

MS COUTTS-TROTTER: They can RSVP through our website and there's no referrals or waiting lines, so people can just go straight to the website and pick the location and date that suits them.

MS ORR: And is there any cost to attend?

15 MS COUTTS-TROTTER: No, they're free, and they'll always be free.

MS ORR: You said they're open to people who are 16 years and older?

MS COUTTS-TROTTER: Yep.

MS ORR: Is there any age limit at the top end?

MS COUTTS-TROTTER: No, there's not.

20 MS ORR: And what would be the most common age group that you would see?

MS COUTTS-TROTTER: I would say it's probably people in their 20s and early 30s and I think that's just because Brenda and myself have never run an organisation before, so we do a lot of our sort of advertising through social media and that's how we get the word out, and I think young people are more likely to use platforms like Instagram,
25 so they find out about us.

MS ORR: You mentioned Brenda, she's one of the co-founders.

MS COUTTS-TROTTER: Yeah, she is. So Brenda and I are the only co-founders at the moment who are full-time directors working on the Survivor Hub as well.

MS ORR: On that note, your full-time working on it, is that in addition to your normal
30 day job, if you like?

MS COUTTS-TROTTER: It is, yeah. I'm a social worker Monday to Thursday as well, and then I do Fridays and weekends and evenings on the Survivor Hub, and Brenda's doing her PhD, so she's full-time PhD writing and running the Survivor Hub as

well, and it's unpaid as well, the Survivor Hub is.

MS ORR: Does the Survivor Hub get any funding?

MS COUTTS-TROTTER: We do. We don't have a good, solid, consistent source of major funding, but we apply for grants, things like club grants, local government grants. We have a lot of donors when we run fundraisers, or particularly when we do media, we find that we have a lot of people donating through our website, and the universities that we host them in, they support us as well, but yeah, it's very much sort of ad-hoc applying. It's basically a full-time job just applying for the grants and funding.

10 MS ORR: Are most of the people that either run Meetups or are involved in the Survivor Hub, are they volunteers or are some paid?

MS COUTTS-TROTTER: Yeah. So they're all volunteers, except very excitingly we have two part-time admin workers at the moment as well, which has been incredible. Really, really great.

15 MS ORR: And does that include the Social Workers Council, the psychologists, are they paid for their work or not?

MS COUTTS-TROTTER: They're paid when we have funding for the locations. So almost all of them, I'm trying to think if there's any who aren't paid. I think they'd all be paid. And then some of the facilitators are paid as well, depending on funding. But often we find that people decline being paid, the facilitators, I mean.

MS ORR: Moving away from the practicalities of the program, in your view, does the criminal justice process present a barrier to recovery from domestic, family and sexual violence, or can it present, I should say?

MS COUTTS-TROTTER: Yes. Yeah, I think it can present a huge barrier to healing and my experience of the criminal justice process was that it put my healing on hold for several years because you become so wrapped up in the process and in basically just staying alive that you don't really have much time to be healing and to be not living in what I would consider to be fight or flight.

MS ORR: In your experience, or I suppose in the observations of the people that you interact with, can the system provoke further trauma experiences?

MS COUTTS-TROTTER: Yeah. There's a quote from a psychiatrist, Judith Herman, and I wish that I'd written it down, so I could have quoted it properly in this, but it basically goes that if you were to set out to intentionally design a system that would provoke further harm, it would look exactly like the system that we have that exists now. And some of the examples of that is when you give evidence in court because of the way that our trials work, it feels like you're not being believed, and defence lawyers speak to you, and they actually tell you that you're lying, or you're making it up, or you must be mistaken, you must have poor memory, things like that. And those are all obviously not trauma informed ways to be working with people who've experienced sexual, domestic and family violence.

MS ORR: Feelings of power imbalance.

MS COUTTS-TROTTER: Power imbalance, the way that lawyers and judges, the sort of language that they use is very inaccessible to most or all people who don't have law degrees. Things like how public it is, so having no choice in who bears witness to what
5 your experiences are when you give evidence. Sometimes this is usually when it goes wrong, but if you give evidence via ABL, I've had lots of survivors tell me about people have used violence against them, the defendants kind of wriggling into the frame of the camera, so they can be seen and threaten them. So there's lots of things that go very wrong in the criminal justice process, but there's also things that are there intentionally
10 and are upholding the law that are re-traumatising for victim-survivors as well.

MS ORR: Can you describe, in your view, what are the benefits of peer support and how it assists in recovery from sexual violence?

MS COUTTS-TROTTER: Yeah. So, the benefits of peer support, in my opinion, and this is also kind of answering how it differs from professional support, is that you come
15 into a space, and you sit with people who just understand you on a fundamental basic level and know what it feels like to have been through the same or very similar to what you've experienced. You don't need to explain things. You know that people aren't judging you. You know that they understand all of the decisions and decisions that you made during or post the experience. And just being able to sit in a space with other
20 people is incredibly healing.

And I talk about this a lot as a concept that a lot of these experiences, domestic, family and sexual violence, they happen in isolation and that's what people who use violence do deliberately. And they happen privately, and they happen behind closed doors,
25 and it's usually between two people. And the only way to sort of combat, for lack of a better word, that is to be healing out loud, openly, in public spaces, with community that you know, understand what it feels like to have gone through what you've gone through. And so I think it's in our connections with other survivors and other people that we can actually begin the healing and recovery process.

30 MS ORR: Have you had feedback from other survivors or people who attend the Meetups about that same benefit of peer support?

MS COUTTS-TROTTER: Yeah, we've had lots of people. Basically everybody who I've spoken to has had the same benefit from that. And there's one really nice story, which was an older woman who came to our Meetups and I say older, she's not
35 old. She's probably in her late 50s, early 60s and we went around the introduction, and it got to her, and she burst out crying. And we all just sort of sat there, and we sat with that. And, you know, somebody offered her tissues and somebody held her hand and then we kind of waited. And we said, you know, "You don't have to speak if you don't want to" and she said, "No, I want to. I'm just overwhelmed because I've been
40 waiting 25 years to sit in a room with people who've had the same experience as me to sit in the room with other survivors." And that, for me, is so profound because I'm so lucky to be so young and to have been able to create this early into my healing process and to have only gone, you know, three or four years without having connections with other survivors, when other people have gone 25 years, and I know for sure in some of
45 our groups, much longer than 25 years. So it's a really profound experience to be able

to create community and have those connections with people.

MS ORR: Those connections that you're talking about, how do they differ from say the community that you have among your normal friends or your normal family? If you have that supportive community, how are these different?

5 MS COUTTS-TROTTER: Yeah. I think it's just the fact that you don't have to explain what you've experienced. And really well-meaning family and friends, I think they have a lot of questions often, and they have a lot of questions. They can't understand why their daughter or sister or friend or whoever it is to them didn't leave if it was domestic violence. Many people can't understand why we don't leave, why we don't
10 leave straight away. And people who've experienced it, you don't need to explain that to them, they know that, and even the most well-meaning family and friends and counsellors and supporters, they can sort of show up on the level of understanding that they have themselves, but I think that living it is a really different experience.

MS ORR: Is there an aspect of taking back control?

15 MS COUTTS-TROTTER: Yeah, we talk about for us, the philosophy for us is that if we can provide victim-survivors with as much information about all of the things that other people have done in similar situations they can use that information to make informed decisions about their own healing and recovery process. And that's about taking back power and control and autonomy and agency in your own process. And it's
20 about not having decisions made for you. And it's connected to your last question about family, friends, counsellors and things, because they want the best for the people that they're supporting but sometimes what they think is the best is not what the victim-survivor wants. And they all have things that they want to happen for the victim-survivor, but other survivors don't have that. They don't have any kind of hidden or
25 otherwise intentions. They really just want to create a soft landing place for victim-survivors to come and share and connect.

MS ORR: You've mentioned that the Survivor Hub is aimed mainly at people who have experienced sexual violence. Is it something that in your view could be, or could peer support I suppose, be useful for people who have experienced other types of
30 domestic or family violence as well?

MS COUTTS-TROTTER: Yes, definitely. And I would say that most people who come to our Meetups, depending on the location, would be survivors of domestic and or family violence themselves. And I think that it would work exactly the same way and that it would be the same community and connection of people who understand what it's
35 like. And you don't have to explain the intricacies and complexities of you know, returning to someone or not being able to leave or coercive control and things like that because other people in the space will have experienced that as well.

MS ORR: So the same benefits that you've described?

MS COUTTS-TROTTER: Yeah.

40 MS ORR: Do you have any comments or are you able to give us any insights into, if peer support is going to be used, how you think it can be most effectively used to help

people recover?

MS COUTTS-TROTTER: Yeah. So our goals for the Survivor Hub, which I think would be the goals for any peer support groups for domestic and family violence as well, is that they are available anywhere and at any time, the same way you can attend
5 an NA or an AA, narcotics and Alcoholics Anonymous groups across the country. Also, you can attend them online since COVID, which means that that people in different time zones can attend ones where people are awake in another country. So really, you can go at any time and anywhere, and that's what I think would be the most effective way to run peer support. I know that's a massive goal, and I don't know if it
10 will be achieved in my lifetime or not, but that is sort of the major goal. And then the other things that make peer support effective is that they're complementary to other services, so they don't exist on their own, they were never intended to. And when people are experiencing higher levels of distress or in crisis, we don't expect them to come to peer support, we expect them to be receiving services from people who work
15 with people who are in crisis and experiencing high levels of distress.

And that, I think, is a very different service. And even not experiencing crisis or distress, I think that traditional one on one counselling will always have benefits and should never be stopped or replaced. And so I think that's very complementary to peer support. Some people kind of see it as a sort of linear journey, but I don't see it as a
20 linear journey. I see it as quite cyclical and there'll be times where peer support will work really well for you and then maybe you'll need to go to counselling, maybe you'll do both at once. Some people will stop coming to peer support for a while maybe because they're doing really well or maybe because they need to do more of that individual counselling stuff. And then the last thing, the main thing is that people need
25 to know what services actually exist, and I don't think that people do know that at the moment and I think that's because it would be really, really hard to create a directory that had a list of all of the services, but something like that would be fantastic for victim-survivors who are looking for particular services and programs and just don't know that they exist.

30 MS ORR: It's probably apparent from the answer that you gave about your ideal goal but do I take from that that you would like to see it available no matter where you live, whether it's regional or metro, just access to anyone who needs it?

MS COUTTS-TROTTER: Yeah, and regional, rural and remote. Access is really important to both Brenda and myself. I'm living in a rural area, and even if I wasn't, it
35 was already important to me. But there is a lack of services and a lack of access that people in rural and regional and remote areas experience that is not okay, and it is unjust. And to be sexually assaulted in Sydney compared to being sexually assaulted in Broken Hill or Wilcannia or somewhere rural or remote is an incredibly different experience in terms of access to services, to support, but also access to justice. And
40 having harmony between jurisdictions is really important to us as well, and that's why we started our online Meetup. That was our second ever Meetup, so people can could join us from anywhere across the country and also people join internationally as well.

MS ORR: Thank you, Ms Coutts-Trotter. We've moved really quickly through your evidence and I don't have any further questions.

45 CMR DESPOJA: Thank you, counsel assisting. I've just got a few questions Ms

Coutts-Trotter. What do you need to accomplish your goal? Is it a steady funding source and if you wanted to scale up to the degree that you're talking about, I assume that you might want to have other staff members? Would you have other specialist services or are you comfortable with the idea of psychologists, counsellors or would you consider maybe other types of specialists providing support and advice?

MS COUTTS-TROTTER: Those are really good questions. To reach our goal, yes, we would need a steady and larger source of funding. And that is not due to lack of trying. We have tried, and we will continue to try. And that is definitely a goal for us. And we would need more staff. We'd need more people who are doing the admin work that they're doing at the moment. We have an incredible, incredible admin worker called Sophie, and she's the Meetups coordinator, so the Survivor Hub would not exist if she wasn't working with us. She's fantastic, and if we could just sort of clone her 10 times, that would be awesome. And then in terms of other specialists, I think that would be great. We have one I didn't mention because it's quite random, but we have an OT in our Perth Meetup, an occupational therapist. And I think that's a really interesting idea because when you think about people who are working with victims-survivors of sexual, domestic and family violence, you're thinking about counsellors, you're thinking about social workers and psychologists, but it's a good question to be thinking about - but you've asked to be thinking about other disciplines as well, so an occupational therapist, but yeah, we would definitely be considering other people in other Meetups and I suppose it would just be as it came to us, and we would just sort of treat it as it came.

CMR DESPOJA: Not so random given that yesterday we heard evidence about one location where there are nail technicians and hairdressers and dentists and legal officers, so it's really interesting that breadth of need. You mentioned that you were looking around to see what other comparable hubs there were, where there are other survivor hubs operating in different states or territories. Have you found any since then? Do you find that people have seen what you've achieved, and they're keen to provide that kind of support or is this really one of a kind in many respects still?

MS COUTTS-TROTTER: So there have been people who have started support groups since we've been running the Survivor Hub. Don't know whether that's our influence or not, but they have started them, but they're not peer support groups. They're run by professionals. So social workers, psychologists, whoever they've chosen. And we won't do that. We won't run support groups. We will continue to run peer support groups because we really believe in the experience of peer support. Support groups might be complementary to peer support groups as well, and it's definitely not a matter of better or worse or anything. It's just different. And then in terms of other peer support groups, Survivors and Mates Support Network, commonly known as SAMSN, they run groups, but they're quite different to us because they're structured eight-week programs, and they do have sort of drop-in groups afterwards, but they're also only for male survivors of child sexual abuse, so they're more to a niche population whereas we've intentionally made our groups open to people of all genders and all ages over 16. I think as we expand, what we'll start to be looking at and what we've had a lot of interest in, is groups that are more specific to some experiences. So we've opened this new group for parents of survivors. We've had interest in a group for new parents who are survivors because it can be quite a re-traumatizing and triggering time to be pregnant and to have just given birth and to be raising a child or even to be considering having a child, and so we've had some people ask us about could we set a

group for that, and we can with a bit more funding and a little bit more time down the track I think that's definitely something that that will be on our list. So, yeah, I think that's probably what is next for us and how we're distinguished from other groups.

5 CMR DESPOJA: I'm conscious that you mention there is no age limit provided participants are over 16. But do you have any reflections on services or lack of services for children and young people in particular when it comes to not just recovery and healing but services generally to support them going through their experience of domestic, family and or sexual violence?

10 MS COUTTS-TROTTER: Yes. And in my ideal world, we would have groups for younger people as well. And we've looked at it, and we have Mark Lawyers, they do pro bono legal work for us. We've spoken to them about this as well, probably not in great detail, but we've looked into it a lot. And I think there is a huge lack and I think it's a failure of services including us. But the issue for us is that the mandatory reporting requirements around that, and if you bring young people into a space, and you 15 tell them that it's a safe space, and then you make a mandatory report about something they've experienced, you're not actually creating safety. And so it's about sort of working around that and figuring that out.

And that's something that I definitely haven't scratched off my massive, massive to do lists. It's something to be continually looking at and trying to figure out if there's a way 20 around it. We talked about something like even 12 to 15 or something and then maybe we could explain mandatory reporting to them and talk about, you know, we're creating safety but only to the extent that if something worries us about your experience, we may have to make a mandatory report. But it's mainly the mandatory reporting requirements that make it so complicated, but I believe that young people would really benefit from 25 peer support in that same way.

CMR DESPOJA: Thank you. One last question, and you may not want to answer it because it relates more to the legal and the court system. You've been very public and educative in your experiences. There's something that struck me when listening to your family discuss your experience. You've prompted me by talking about that sense of 30 isolation. When you were getting support from your family during this time and yet you couldn't discuss, for obvious legal reasons, but you couldn't discuss the issue with your family and yet as I think your mother reflected on meanwhile the defendants being coached I think was the language, so I'm just wondering are there any changes or not just modifications but support services that you think would assist people going through 35 what you went through in that legal situation?

MS COUTTS-TROTTER: Yeah, it's a really tough one because I don't think that I understand the law well enough to have a really good answer to it. But I can tell you that part of what I was referring to when I was talking about that was the defence lawyers, they try anything. So they put stories to you, and they say, "We put to you 40 that, you know, your dad did this, and we put to you that this happened and that this happened." And that was my experience. And they put to me something that my dad had absolutely not done. And when I finished my evidence, I said, "Dad, I want to tell you what they said" and he said, because he is the most honest and incredible and by the books man, "You can't tell me because I won't perjure myself." And that to me just 45 represented this enormous failure in the system that I could be living with my parents and the other witnesses were some of my closest friends and I couldn't talk to them at all

about court. The closest I could come to talking about that would be to say that I could talk about my feelings, I could say that I was really scared or anxious or sad or frustrated or terrified or isolated or confused or whatever emotion I was feeling, but I wasn't allowed to say anything about my evidence and I don't know the sort of legal answer to that and if there is a way that they can basically not have that be a rule, but I can tell you that it was incredibly traumatising for me to not be able to tell my parents what was at the time, and still now the worst experience of my life. Like I was there for days having things put to me by the defence and to not be able to tell my parents was horrible. So yeah, if there was a legal way that they could get around that, I don't know, without perjuring people, you'd have to ask a really good lawyer that question.

CMR DESPOJA: Thankfully we've got a few around here, but thank you Ms Coutts-Trotter for your evidence and your work and I wish you good luck with that very long to do list. Counsel assisting?

MS ORR: I'd ask the witness be excused. Thank you, Commissioner.

MR HAYES: Ms Coutts-Trotter, thank you, you are free to go. Thank you.

MS COUTTS-TROTTER: Thank you, Commissioner.

THE WITNESS WITHDREW

CMR DESPOJA: We will re-adourn at 1.30pm for the next witness.

ADJOURNED

RESUMED

CMR DESPOJA: Welcome back to this afternoon's proceedings for the Royal Commission into Domestic, Family and Sexual Violence. Counsel Assisting to introduce the next witnesses. Thank you.

MS ORR: Thank you, Commissioner. I call Distinguished Professor Bronwyn Carlson and Dr Terri Farrelly.

BRONWYN CARLSON, AFFIRMED

TERRI FARRELLY, AFFIRMED

MS ORR: Professor Carlson and Dr Farrelly, can you both see and hear me?

PROF B. CARLSON: Yes, yes, we can.

MS ORR: Yes. I'll start with some introductions about who you are. So Professor Carlson, you are a Distinguished Professor. Can you explain for those listening what that title means, what is a Distinguished Professor?

5 PROF CARLSON: So once an academic reaches the level of professor, they can then be awarded a title for a period of time as distinguished, and it's a reflection on their work, research, and public engagement.

MS ORR: And Dr Farrelly, you are a doctor, a PhD doctor.

DR T. FARRELLY: A doctor of health science.

10 MS ORR: And you both are based at the Centre of Critical Indigenous Studies at Macquarie University.

PROF CARLSON: Yes.

DR FARRELLY: Yes.

15 MS ORR: Actually first of all I might ask you Professor Carlson, what is the Centre of Critical Indigenous Studies?

PROF CARLSON: So Critical Indigenous Studies is an academic unit within the Faculty of Arts at Macquarie University.

MS ORR: And is it correct that students can major in critical Indigenous studies?

PROF CARLSON: Yes, that is correct.

20 MS ORR: And I understand there's a strong focus on research at the centre.

PROF CARLSON: Yes, there is.

MS ORR: And what is your role there, Professor Carlson?

PROF CARLSON: I'm the head of Critical Indigenous Studies.

MS ORR: And Dr Farrelly?

25 DR FARRELLY: I am a research fellow.

MS ORR: At the centre?

DR FARRELLY: Yes.

MS ORR: I understand you are both also members of the ARC Centre of Excellence for the Elimination of Violence Against Women, abbreviated often to CEVOR, is that

correct?

PROF CARLSON: Yes, that's correct. CEVOR is a Monash-led initiative and Macquarie is one of the nodes. There are six nodes nationally. Macquarie University is one of the nodes that focuses on an indigenous pillar in regard to research for the
5 elimination of violence against women.

MS ORR: Do you, and I'll ask each of you in turn again, but do you have specialist research areas? Professor Carlson, you first.

PROF CARLSON: Yes, my research expertise has followed indigenous digital lives and that includes technology facilitated violence, using technology in circumstances
10 around domestic and family violence. I also focus on the truth telling with work I've done with Dr Farrelly and the politics of identity is another area that I research.

MS ORR: And Dr Farrelly, your predominant or main research area?

DR FARRELLY: Aboriginal suicide, also truth-telling, and recently in family violence.

15 MS ORR: Thank you. I want to ask you today about a particular research project that you both worked on called What Works? An exploration of Aboriginal and Torres Strait Islander healing programs that respond to domestic and family violence and sexual assault. So today I want to spend some time asking you about that project and some of the themes or things that you found during that work. First of all can I ask you
20 to explain or give us an overview about what the aims of the project were?

PROF CARLSON: So for this particular project our aim was to really take a look at nationwide at what works when dealing with healing programs for Aboriginal and Torres Strait Islander people who have experienced family violence or domestic violence and sexual assault as well. So our focus was on Torres Strait Islander
25 organisations and peoples in this project.

MS ORR: Was there a specific focus as well on LGBTQIASB+ people?

PROF CARLSON: In this project, yes, there definitely was, and that came out of the literature review and the research that we conducted, that there was a great, great need in that space.

30 MS ORR: And similarly for those with a disability.

PROF CARLSON: Yes.

MS ORR: Is it correct the project was funded by ANROWS?

PROF CARLSON: That is correct.

MS ORR: Commenced in 2020 and the final report published in 2024.

PROF CARLSON: Correct.

MS ORR: You mentioned just before a literature review. Other than setting up the project was that an early step in the process?

PROF CARLSON: Yes, and that also has been published as well.

5 MS ORR: Is that about, in very basic terms, working out what's already there, what already exists in the literature?

PROF CARLSON: Absolutely, and then what's missing, or what are the gaps in the literature?

MS ORR: And did that help to inform the next steps of the project?

10 PROF CARLSON: Absolutely, it did.

MS ORR: Okay. And then that's what I want to ask you about. What I want to ask you about next is the next part of the project, which you called, and the published version is called a qualitative exploration of healing programs. And that's been published in April 2024. Can I ask you for some information, and either of you can answer this, but about the methodology used for that qualitative exploration?

15 PROF CARLSON: Yes. So in this project, the project itself was based on indigenous research methodologies, which is outlined in the project, and our methods were qualitative interviews with stakeholders. We did a series of yarning circles with workers and clients of healing programs, and we also held a national symposium that had over 60 stakeholders who work in this field or interested in this field attend and from there, we were able to ascertain what's missing, and we also then went back to the literature, and then this report actually builds on that, which includes those other important cohorts that you mentioned as well.

20 MS ORR: You mentioned indigenous-centred research methodologies, I think. Can you explain for us a bit more about what they are or how they work?

25 PROF CARLSON: Yes. So we were following a South Australian scholar, in fact, Lester Rigney, who has written a series of work on indigenous research methodologies, and some of that entails, of course, indigenous-led research, what this project was. It's also about research that impacts Aboriginal and Torres Strait Islander people, and it's our voices that inform the research. And so that's based on our lived experiences, Aboriginal and Torres Strait Islander people in this nation state, that guides the research.

30 MS ORR: Thank you. I understand that a change of approach was needed after first commencing engagement with stakeholders.

35 PROF CARLSON: Yes, and I think it's really important that the communities themselves that we work with have the option to guide research into particular ways, and in this instance, the way we designed the original research project wasn't something that the community was actually in favour of, and that's where we ended up with the National Symposium. People spoke to us about always being asked questions about

what do you need, but nothing ever comes from that, they don't get anything back, there's no reciprocity. So, bringing all of the stakeholders onto Macquarie University campus, coming together, we were able to provide people with the information they wanted in this space. For example, we were able to give information around the

5 LBGQTQI+ community, we were able to speak to people about brain injury and family violence. We were able to talk about workforce capacity building. We were able to answer some of the questions that they wanted instead of the workers themselves always giving and asking and reports coming out about what works, but there's nothing coming back for them.

10 MS ORR: Was there also feedback about healing programs not being distinct services or activities?

PROF CARLSON: Yeah, absolutely. To do a project that just looks at healing services in the Aboriginal and Torres Strait Islander space would leave out a majority of services that are provided by our community orgs and sometimes individuals who work

15 in mainstream orgs who actually do this work. It's often unfunded, it's unrecognised, but the work is actually being done where they're supporting families who are impacted by family violence just as an everyday part of the work that they do but not recognised, not funded.

MS ORR: And these are things that came out early on in the project and led to some changes of approach. Is that right?

20

PROF CARLSON: Yes, and one of those was understanding the full spectrum of the field and having access to capacity building and knowledge exchange.

MS ORR: Thank you. I now want to move on, and I want you to take us through and explain some of the themes that emerged from your work in terms of what works in this

25 healing space. And I can take you to some of the themes that have been identified, perhaps ask you to elaborate or explain them for us. One of the first is that family violence is a result of colonialism. Can you talk to that for us please?

PROF CARLSON: Yes, absolutely. So, there is no evidence to suggest that family violence was an issue for Aboriginal and Torres Strait Islander people prior to

30 colonisation, but we do have ample evidence that after colonisation and during the settler colonial period that we're in now, that family violence comes from the systems that were put in place to enforce a Western framework in the way in which Australia would go forward into the future. So that includes things like policies that targeted

35 Aboriginal and Torres Strait Islander people in oppressive ways, so the assimilation era, the forced removal of children, the gender segregation during that process, but also the systems that continue to be in place that discriminate against us or that we find ourselves oppressed under. So that's all of the systems. So for example, law as a legal institution, we find ourselves overly represented in the criminal justice system and

40 under supported for things like family violence and any kind of defence that we might have.

MS ORR: Another point that we have is that healing programs address family violence.

PROF CARLSON: Terri, did you want to respond?

DR FARRELLY: Sorry, just to say that healing programs are a key approach to addressing family violence in Aboriginal and Torres Strait Islander communities.

5 MS ORR: Was that something that had already been established or was that something that you looked into specifically.

DR FARRELLY: That had already been established in the literature definitely.

MS ORR: So, that, yes, healing programs are a key approach to addressing family violence I think, is that what you said?

DR FARRELLY: Yes.

10 MS ORR: Thank you. And then I think the next point probably connects the first two points that that is that healing programs are anti-colonial work. Could you explain that for us?

15 PROF CARLSON: Yeah. So if we think about the systems that are put in place that continue to discriminate against Aboriginal and Torres Strait Islander people, actually focused on how we either dismantle or make change within these systems is anti-colonial work, so it works against the colonial project of maintaining non-Indigenous peoples' authority over indigenous people.

MS ORR: And a similar topic the next point colonisation is ongoing?

20 PROF CARLSON: Yes. So people often think colonisation is something that took place over 200 years ago and then there was an end point to that and now everything has changed. Settler colonialism better explains the situation. Settler colonialism refers to when, after a colonialism, you know, the aggressor, in this case the British, came to stay. They didn't come to extract resources as such, they came for the land, and they've stayed and maintained and then set up systems to enforce Eurocentric world views, 25 lifestyles, systems. And one is our legal system. One is our educational system. So all of the systems are set up to maintain that supremacy. And so Aboriginal and Torres Strait Islander people often fare very poorly in these systems, which we have evidence for, hence why we have programs like Close the Gap. We have strategies to try and improve education, but we don't actually look at the systems that are in place because 30 they're there for a particular purpose.

MS ORR: We've heard evidence this morning about systems abuse or violence continuing to be perpetuated by various systems against domestic and family violence victim survivors. Is this a form of that kind of systems violence being faced by Aboriginal and Torres Strait Islander people?

35 PROF CARLSON: Yes, most definitely. So we'll find that for a victim-survivor of domestic violence who calls police, for example, can often fare very poorly. They won't be believed, or in many cases, they've been arrested themselves when seeking help. They might present at a hospital, for example, where they're treated very poorly because it's not believed that they were actually a victim of domestic violence, that they

brought it on themselves, or they're taking drugs, or they're drunk and all of these things, so these systems operate in that way to continue the oppression of Aboriginal and Torres Strait Islander people.

5 MS ORR: And can I take as an extension of that, that then healing or recovery is very, very difficult when that system of violence is still taking place?

10 PROF CARLSON: Yes, it's absolutely, you know, almost impossible. We've had told to us experiences where people have had a brain injury, for example, as a result of family violence. They present at the hospital, the hospital returns them into the care of their family, who may have been the perpetrators of that violence, but they're unable to fend for themselves. And so it just perpetuates.

MS ORR: Another theme, the next point is those who have experienced and those who have perpetrated family violence are not mutually exclusive groups.

15 PROF CARLSON: Yes, that's correct. So sometimes people who are perpetrators of family violence have experienced family violence themselves, and they may have experienced forms of violence in institutions, and they may have also experienced it in the home, and then they then become perpetrators themselves. So we can't always just neatly divide this for Aboriginal and Torres Strait Islander people, particularly who are all victim-survivors of this kind of systems oppression that we've mentioned. So yeah, it's not an easy, it's either this or that, so that's why it's really important that when we're
20 dealing with healing programs or things that address family violence, that we also include people who come under either or both of those categories.

MS ORR: So that leads us to what you've just addressed. The next topic is healing programs should target everyone.

PROF CARLSON: Absolutely.

25 MS ORR: Healing programs should be Aboriginal and Torres Strait Islander conceptualised and led.

30 PROF CARLSON: Yeah, I think this is really important because often programs are set in place, and they have guidelines and rules around how they operate and who can attend and who can't, and there's categories and stuff, which excludes a lot of people, where we know that on the ground, localised programs that are led by the Indigenous community themselves, people with expertise in the space, often people will come to that more often. So you'll see a higher uptake, and we see much greater successes when it's led by Indigenous people for Indigenous people.

35 MS ORR: What's the importance of it being local, locally based, locally conceptualised?

40 PROF CARLSON: You know, part of the problem for Aboriginal and Torres Strait Islander programs is that we're often homogenised. And so for us on the mainland, particularly, versus those people on the islands, the circumstances can be very different. The approaches, the issues, et cetera are very different. Then across this mainland, if we think about how colonialism has been rolled out across the continent, so

here on this side, the east coast, this is sort of like ground zero of impact, so the circumstances are really quite different to in other places. Other places like perhaps the Northern Territory, Western Australia, other places where this is rolled out and has taken a much longer time. Some parts of Australia were not fully occupied by non-
5 indigenous people for up to even 100 years compared to here on the east coast, so there's very different circumstances and that includes you know families that were able to stay together, it includes languages, it includes all of those things. So it's very different across the continent, so being localised means that you have an understanding of what are the issues in that place and so that you are better able to address local issues
10 from that perspective.

MS ORR: Thank you. The next point that we have is we know what works with healing programs, there's just not enough of them.

PROF CARLSON: Well, there are very few Aboriginal and Torres Strait Islander healing programs that actually target healing for family violence and like we mentioned
15 before, and the report has evidence that a lot of times the workers are just expected to perform these kinds of services, unrecognised, unfunded et cetera, so there's just not enough, so the literature tells us there are hardly any there and some of the other issues that you might have is that you know for particular cohorts there are no services and their access to services that exist, they've had very different results so in particular the
20 LBGQTQI community or sister girls brother boys in the Aboriginal and Torres Islander context, who have experienced family violence, there is really no services available to them, particularly if they identify as trans. They try to access services and get turned away, and we have recently seen the death of one of the sister girls who did try to escape family violence and seek help.

25 MS ORR: And obviously the ability or the need to create further services is dependent on resourcing them properly.

PROF CARLSON: Absolutely. That's one of the major issues. Ongoing resourcing, not one-offs or short-term resourcing.

MS ORR: Another theme or point that's emerged is all kinds of work contributes to
30 healing and family violence prevention.

PROF CARLSON: Yeah, absolutely. It's well known that for Aboriginal and Torres Strait Islander people we have a holistic view of health and well-being and that also includes the way in which we might overcome family violence and heal from it. These services need to be holistic, not just you have to go to one service or the other service,
35 and you don't meet the criteria for that one, you can't go to this one. We need things that are holistic that can address all of the complex and nuanced needs that we have.

MS ORR: Does that also fit into the point that you made earlier about services or people saying we're not one service or another service, we're not helping one particular person or another particular person?

40 PROF CARLSON: Yeah, absolutely. And we've seen examples where people try and access an Aboriginal or Torres Strait Islander service, for example, but that's maybe a drug and alcohol service, who certainly do do healing work, but they're not a healing

program. They'd have to do healing work to be able to operate. And often in that space, you'll find people who are victims or perpetrators of family violence. A lot of men's groups who are set up to provide support for Aboriginal men often now do the work of healing or addressing family violence just as part of what they do now because they
5 really don't see a choice because there's nowhere else to go.

MS ORR: You've mentioned the need for a holistic approach, the next point is healing needs to be holistic and collective.

PROF CARLSON: Yeah, we really need to have places that we can go that are local and that we have a relationship with, it's familiar and that we know that our needs are
10 going to be met instead of breaking it up to multiple services. And I think that's probably true for everybody, that kind of approach. That we need to have things that look at our whole life, our families, our connections in the local neighbourhood, not just seeing us as individuals that are outside of our community and kinship connections. We also need options around using more traditional healing methods and not just only
15 Western approaches to that. There are some groups who practise traditional methods and many more would if there was funding or that they could actually incorporate that into their work, they're often not allowed either. Yeah, so we just need to have, you know, I guess, a one-stop-shop kind of approach where somebody can get multiple services as opposed to having to shop around, you know, to find somewhere to help
20 with homelessness, somewhere to help with family violence, somewhere to help with other things that you might need.

MS ORR: You mentioned there kinship connections and the importance of healing as part of a community or a family. Can you explain that a bit more for us?

PROF CARLSON: You know, kinship, I'm referring to our family and our broader
25 family. So we operate quite differently than just having a nuclear family. And we're part of that entire kinship circle that we have. And so there's no such thing as healing an individual within a kinship system. And often everybody would have experienced family violence in some way. We can empathise with each other. We're actually supports for each other. Indigenous people often seek informal help, seeking all the
30 time, so these are our support people too, they're the people that help us. So kinship is really important to the work we do, yeah, we're not just the individual client who turns up to seek help, it's much more than who wants them there.

MS ORR: Healing needs to rebuild connectedness and self-empowerment.

PROF CARLSON: Look, a lot of the times, programs operate on this individual kind
35 of basis and removing people and deconstructing families and those things are not helpful for many indigenous people. So we need to be rebuilding that connectedness with our family. There are many people who are still severely impacted by forced removal of historical policies but contemporary policies of removing children in family violence situations and fostering children out and out of home care, et cetera, so we
40 need to really be rebuilding that connectedness and family and community cohesion. That's something that a lot of people are working very hard. We see a lot of indigenous groups working hard to do this in our communities. We need to build our young people's self-esteem in this space, so that family violence doesn't just repeat itself to the next generation. Healing programs need to think about the family but the
45 extended family in the work that's being done.

MS ORR: Healing programs need to be trauma aware, healing informed and strength based.

PROF CARLSON: This is really an important one, and look, I know from having worked in Aboriginal medical service space myself, when clients present, and they are agitated, or they are presenting maybe acting poorly, there's this automatic response that they are being disruptive. Instead, we don't have the skills universally in all of these kind of programs, health and well-being programs, that where people are trauma informed, because trauma responses are similar to badly behaved. And I know that most people have gone to a medical service, for example, and you see signs on the wall that says, if you are rude to our staff, et cetera, you'll be expelled, right, you know, or security be called, et cetera. But people who have experienced multiple traumas that indigenous people have experienced will often act poorly. And this is the same for other institutions like court, like school, like all of that. So yeah, they present agitated, sometimes very angry, hurt, et cetera. And if somebody is not trauma informed, they might not register that those things could be trauma that that person is experiencing. Our research has really indicated that a trauma informed practitioner should be present in health and well-being services.

MS ORR: What about healing informed and strengths based? What do they mean?

PROF CARLSON: So the programs themselves need to be healing informed. So it's like the work that we're doing, is it actually producing an opportunity where healing can actually happen? Strength based is really important for indigenous programs because often programs that target Aboriginal and Torres Strait Islander people have a deficit framing and actually uses a lot of deficit discourse in the way in which they describe Aboriginal and Torres Strait Islander people, where we want to, you know, for ourselves as Aboriginal and Torres Strait Islander people, for myself, is to see strength being at the base of it. We have survived colonialism and are surviving it. Many people have survived family violence and other forms of systemic violence. So we want to be able to build on those strengths of survival so that they can heal as well.

MS ORR: The next point, healing programs need to provide real time responses.

PROF CARLSON: Did you want to answer that one, Terri?

DR FARRELLY: Many participants felt that a benefit of healing programs that respond to family violence was their ability to provide real time responses, meaning having the flexibility to be able to deliver services and programs in places and spaces that participants felt comfortable and at the time that they actually needed.

MS ORR: Is that the sort of theme about meeting people where they are at and providing services when they are ready?

DR FARRELLY: Yes.

MS ORR: Healing programs rely on effective networks.

PROF CARLSON: Yeah, look, I keep saying these are all important, and they definitely are. You know, there are some real challenges in this space. And, like, we

spoke about groups such as the LBGTQIA+SB clients, and those with disability. We also see that digital inclusion is another major issue. A lot of services use a lot of digital technologies as well, and not all of our communities have digital literacy. People with disability have varying literacy, and there's a lot of incompetence that people have reported from service providers where people hasn't been follow-up, there's no connection with the person, and they're just left, and there's like a multitude of examples where you will say to somebody, "Well, didn't you apply to that service" and, "Yeah, nobody ever got back to me, nobody contacted me." So yeah, it's that kind of idea of the ball gets dropped, and you're the ball. And yeah, so there's no follow-up, no way to actually ascertain where anything was achieved for that person. So yeah, one of the themes was educating non-indigenous service providers around indigenous-specific approaches of care as well. And I know there's a lot of talk around cultural competence, and sometimes that gets a bad rap, but I think that's a really good starting point for a lot of service providers to actually understand the historical context and the ongoing way in which settler colonialism operates for them to really start thinking, right, it's not going to be a good idea for me to do this or do that, and to think about having a good relationship with indigenous clients.

MS ORR: That takes us to the next point, indigenous specific approaches improve continuity of care.

20 PROF CARLSON: Yeah, and that's one of the reasons why a lot of people prefer to go to indigenous services or will seek out an indigenous employee in a mainstream service, because there's a different way. So we have relationships with each other, even, you know, if you go to a different town or community or state, we have relationships with indigenous people as First Peoples of this place. So there's a certain amount of care that goes with that. We want to be caring for Aboriginal and Torres Strait Islander people no matter where we are across this place. That's not actually there when we go to mainstream services. Nobody actually cares about how we got here or why we're here, which creates a lot of hesitancy to seek help in mainstream services.

30 DR FARRELLY: I think I would just add as well that the holistic nature of indigenous-specific sort of approaches to care is what removes that risk of slipping in between the gaps. As soon as you have to go to other services, that creates a gap that you can fall through. Indigenous approaches tend to sort of remove, there's not silo-ed approaches to care. Everything's being looked after as one holistic service. So you know that helps improve continuity of care but also like Bron was saying that the fact that there is the care, there is the knowledge, knowing that person it's a close-knit community that helps avoid them slipping through those gaps as well. So I guess that kind comes back to the local specific benefit as well.

MS ORR: Thank you. The next point, forming relationships increases the capacity for advocacy.

40 PROF CARLSON: And I guess that's connected because without those relationships you don't really get a full picture of somebody's life. You know, in my previous life working in this space on the ground, you know, it would be, we know somebody will need, you know, food today, that's the most important thing to keep family alive. So having relationships with people, you actually know that, or you know, oh, I haven't seen them with the kids this week, there's something wrong. Yeah, so localised, indigenous, you know, people working in this space and having relationships with the

clients outside of them just being a number.

MS ORR: And then under this point there's also the reference to advocacy on behalf of clients.

5 PROF CARLSON: Absolutely, and because you know them, right, so you know the situation, so you're able to advocate because you're the one with the skills if you're the worker, and then you're able to fully understand because for a lot of people who experience family violence, they aren't able to articulate it in a way that might be seen as favourable to service providers or funding providers to provide that support.

10 MS ORR: Moving on to the next point, there is a need for more non-carceral responses.

15 PROF CARLSON: This was one that, you know, people were really upset about that a lot of times calling police or having interventions in some way would lead to people being imprisoned, which then has its own cycle of violence that people have to deal with, including child removal or removed from family, loss of home, loss of income, all of those kinds of things. So we really need to have more responses, such as healing programs, instead of prison sentences for indigenous people. And we do know, and there's plenty of evidence that shows us, that indigenous people tend to have sentences that far exceed those of non-indigenous people who are before the courts for a similar situation. So we need to be able to have confidence in the system that healing programs at times might be a preferable way of dealing with family violence them incarceration.

MS ORR: Communities often have to deliver healing services in an absence of funding.

25 PROF CARLSON: Yeah, and I guess we have sort of mentioned this, but often services who might be there for a particular reason have to take on the work of healing programs because there is no funding for it, there's no recognition of it. So people are just doing this out of goodwill, care and absolute need, as opposed to this being something that is actually structured and evaluated and that's why there's such a small amount of literature that actually speaks to what does work because people are just doing this work, and that in itself can have some problems. We have burnout, we have people who are, you know, sometimes are victims of family violence themselves, 30 having to help other families and other individuals out. The no funding, the excessive work, the lack of skills, burnout, out, yeah, a whole range of flow-on effects for when something is not recognised, funded and evaluated appropriately.

MS ORR: So those people that you've mentioned are carrying the weight effectively.

35 PROF CARLSON: Absolutely, and so we do know that Aboriginal health workers, for example, have highest rates of burnout and don't stay in the job for that long because it's hard work in the space, and they may also be impacted by family violence themselves.

MS ORR: That takes us to the next point, healing program workers are under enormous pressure.

40 PROF CARLSON: Absolutely. A lot are not trauma informed to start with because

there's a lack of funding around upskilling this cohort as well, and depending on your location to the sizable amount of work that might come your way, and often you're a singular person in a mainstream position, or you're in an indigenous org where there are a great number of clients coming in and there's probably not many Aboriginal and Torres Strait Islander people who are not impacted by some form of violence, whether it's family violence or just surviving the system and so there's a huge amount of need in this space.

MS ORR: You've touched on this point before, but the next one is the unique empathy and relationship between Aboriginal and Torres Strait Islander workers and clients is integral to healing.

PROF CARLSON: Yeah, it absolutely is. There is a shared recognition, which we've written about as well, that we understand. We understand the history, and particularly if it's local, you understand the local context as well. And then you have relationships, whether it be family relationships or connected relationships with people. And so we have a shared recognition about what is causing the pain and the pain, and we also have a shared care in the future and healing people. And so there's a lot of empathy involved in this, building relationships with people, there's a lot of extra work, and clients can sometimes be the workers in this field as well, and so you're not in a position where you don't have that deep level of empathy and care for the other person, even if you might be in the same circumstance and there's no help for you.

MS ORR: Next, the success of healing programs hinges on trust.

PROF CARLSON: One of the things I do know is for a lot of Aboriginal and Torres Strait Islander people, when we go to services, we want to see another Aboriginal and Torres Strait Islander person there because we know that we can build a relationship with that person, and then there can be a level of trust. Without that trust you know, these programs won't be successful and there's a lot of distrust in this space because we also know that funding can be withdrawn at any point in time depending on who's in government or what's the flavour. We also know that there's not a lot of care for Aboriginal and Torres Strait Islander people at certain times in history and this is one of them. There's a huge uptake of, you know, what people frame as, you know, anti-woke spaces so Aboriginal and Torres people feel the brunt of that constantly and that is the case now. Aboriginal and Torres Strait Islander people are often always seen as violent, as well as perpetrators of crime, not victims, not victim-survivors, and so there's all of these things at play. So trust is huge, I mean trusting what's happened to me, to you, and that you will understand it and not judge me on particular things, rather that you will understand the history and the ongoing challenges that I may be facing without that, it's very hard to build a relationship or to provide a service.

MS ORR: You mentioned you want to see another Aboriginal or Torres Strait Islander person and that assists to build a relationship, to build trust. So are you saying that that experience of distrust that you've described is often helped by the presence of an indigenous worker?

PROF CARLSON: Yeah, absolutely. We have a lot of distrust in systems. It's not that long ago in this country where people were turned away. Well, it's actually not. I mean, it still happens where people are turned away when help seeking in hospitals or other sorts of services. Also turned away in many other instances as well. So trust is a

huge factor in the reason why Aboriginal and Torres Strait Islander people would go back to a service or continue to go to a service.

MS ORR: The next point, healing programs need sustainable human and fiscal resources.

5 PROF CARLSON: Yeah, that's actually really hugely important. We can't plan anything long-term in this space because funding generally comes in short-term cycles. And it often is reliant on whatever is the focus point of the day. And healing, sometimes people have this opinion that they funded something, or it's been funded, and so that is done. Well, healing doesn't actually operate that way. It's not something that
10 there's an end point to, really. You can't say, "Well, I've healed that client" when we're talking about really complex and systemic violence, so it's yes, you can't tick a box saying it right that one's done this three-week program, they've been awarded the healed stamp and everything's going to be hunky-dory yeah, it doesn't quite work that way when there are really complex issues involved

15 MS ORR: And the human resources, obviously we've spoken about the need for that and the pressure.

PROF CARLSON: We really do need to build Aboriginal and Torres Strait Islander workforce in this space in the first count, and then non-indigenous people to be competent in this space, and actually really understand more deeply the way indigenous
20 people operate, because I actually think it would be beneficial for non-indigenous people in this space as well.

MS ORR: Homophobia, trans-phobia and or racism hinder access for LGBTQIASB+ people.

PROF CARLSON: Yeah, so they're intersecting and compounding discriminations in
25 this space. So they're an Aboriginal or Torres Strait Islander person. They identify as LBGTQI+ or as sister girl or brother boy. They may even have a disability. So we really need to think about how inter-sectionality works here. People have multiple compounding discriminations. And the fact is that we lose lives in this space regularly, that people are not cared for or provided with the care they deserve, and they don't feel
30 safe accessing services even though services are there to offer advocacy and safety and support and often turned away even from services.

MS ORR: A related point, services want to be better equipped to deliver services to LGBTQIASB+ clients.

PROF CARLSON: There are very few family violence services for the
35 LBGTQI+ community, that you have specialists working in there that understand the nuances of family life in that cohort, amongst that cohort, which can be different to the more nuclear family model or even the indigenous, sort of, more kinship model. So there are other factors that are involved in this, and often LBGTQI+ brother boys and sister girls have to leave their community because of homophobia and trans-phobia,
40 even within family groups, and would go to different towns and cities, start again, and be away from those kinship networks that may have provided some form of support, and in this case have not, and so then trying to build up relationships within

communities to try and seek help and find help without the discrimination and judgement, it's very difficult.

MS ORR: Services want to be better equipped to deliver services to clients with disability.

5 PROF CARLSON: Yeah, I think a lot of more work needs to be done in this space as well. We have a lot of community members that have various forms of disability who are also impacted by family violence and the brain injury was just one that a colleague of ours had done some work in the space, Dr John Gilroy, and the lack of services for people with brain injury, for example, in and around family violence is huge. So, what happens if you do end up with a brain injury, or you have one to start with and experience family violence and can't advocate for yourself? So services need to be well equipped to be able to support families.

MS ORR: I think you've said that a lot of workers are hungry to be upskilled.

15 PROF CARLSON: Yeah, from the 60-plus Aboriginal and Torres Strait Islander workers who came to our symposium, they were very hungry for more information around how they could do this, how could they find the skills, how could they afford the undertaking, training, and education to be able to upskill themselves in all of these spaces to better serve the community. And they all had stories about either LBGTQI people coming for services, nothing that they could offer, or people with disability, what could they do? And so people had a very rich appetite to be able to provide those services to our community. Yes.

MS ORR: Finally, being accessible during the COVID-19 pandemic was impossible for many healing programs.

25 PROF CARLSON: Yeah, so what we were told is that many just stopped providing services because a lot of them were face-to-face, they would come in and run programs. But during this time, there was difficulties with digital technology. Since 2020, really, our access to digital technologies has increased. Here we are today on a digital platform. But still, for Aboriginal and Torres Strait Islander people, we are still way behind on digital literacy skills. I know it is a target of the government, Target 17, for digital inclusion. A lot of the reports are focused solely on remote, more remote communities, but a significant population live in urban centres, and they too have no access to technology or ongoing internet. A lot of Aboriginal and Torres Strait Islander people use hand-held devices as opposed to having internet in the home. They usually pay by the month when they have enough money for credit. So they're not always able to access support via digital technology. So there's a lack of research that really understands the space, but yeah, a lot of services lack the skills themselves, their digital literacy to roll out programs using digital technologies.

MS ORR: With that wealth of information and knowledge that you've shared with us in mind, to finish off, I want to ask if you could outline any suggestions for moving forward, what's next?

PROF CARLSON: You want to jump in first, Terri?

DR FARRELLY: I think, you know, the most pressing finding was just the need for more sustainable human and fiscal resources and that pretty much is interwoven amongst all of those findings really. That would be my take away from this.

5 PROF CARLSON: And in some of the conversations with people, Aboriginal and Torres Strait Islander people want to have good lives and thriving lives in this environment and racism, systemic discrimination and oppression continue and the absolute denial of those things is also tiring. So always having to defend your right to exist as a First Nations person, always having to try and make people understand how these situations are formed and how they happen is actually tiring work. So it's tiring
10 for workers, but it's tiring for those who experience family violence to have to always justify the reason that they exist and why this is an issue. So, under resourcing, long-term funding, people with skills, and really a nation of people who have a better understanding about Aboriginal and Torres Strait Islander people's struggles.

15 MS ORR: Thank you, Professor and Dr Farrelly. I've got no further questions, Commissioner.

20 CMR DESPOJA: Thank you, counsel assisting. I've just got a few more if I may. What has been the response to the policy suggestions and recommendations as a consequence of this paper, What Works, a Qualitative Exploration of Aboriginal and Torres Strait Islander Healing Programs That Respond to Family Violence? You've given us a very comprehensive overview of recommendations and what needs to be done. Have you found that governments and other organisations are responding to these recommendations and certainly providing funding or resources in order to ensure that these kind of healing opportunities are available?

25 PROF CARLSON: Thank you, Commissioner. That's a very interesting question. I sort of try and think about, like, when we come out with findings like this, I also think about the research that is funded, right? There's a lack of research that's actually funded in this space that's indigenous led. So I think that's why this actually stands out so much, because it's indigenous led, it's funded to do this kind of work. Often, research about us is not funded for us to lead, for Aboriginal and Torres Strait Islander people to
30 lead. So that in itself makes this report a little different. So it would be good to see that when we have opportunity to fund research around family violence, that it is indigenous led when it involves us. You know, it really depends. Some places have fared better in seeking funding for family violence issues.

35 A lot of it is around skill development, though. You know, even writing applications for funding takes significant skills. And a lot of our community workers don't possess those skills. So they're already up against something that's quite difficult. I mean, there's not many doctors or professors with PhDs that work in Aboriginal community control organisations to be able to have better skills and actually making application for funding to increase the resources for healing programs. There's also a lack of skills in
40 healing informed approaches, so I guess it's kind of like quite complex in how we do this, and honestly, as an educator, it starts with education. We need our people who deliver services to have that education that they were seeking, knowledge and skills and to be able to do that, and also the research to actually continue to benefit our communities by being indigenous led, so not too many changes just yet.

45 CMR DESPOJA: Right, did you want to add anything Dr Farrelly?

DR FARRELLY: I guess only, you know, just from my own perspective, you know, us having a role in CVOR is a positive impact. But, you know, then the pressure that I think we feel is, don't let this be just yet another round of tell us all about your problems type research, but rather actually coming up with some sort of solutions. Yeah.

5 CMR DESPOJA: That point is very well made and yes, I'm looking at one of the key
practise and policy recommendations that research about Aboriginal and Torres Strait
Islander people and communities should be conceived of and led by Aboriginal and
Torres Strait Islander peoples, communities and organisations, which is a very good
10 message for this Royal Commission. Can I ask you a bit more about the comments
around or the recommendation for alternatives to non-carceral responses? This has just
come through so loud and clear from our listening sessions, our consultations, literature
reviews. A lot of people, a lot of Aboriginal and Torres Strait Islander people are telling
us this carceral approach, it's just not working in the domestic, family and sexual
15 violence sphere. Now you've talked about alternatives which - and that healing can
actually be an alternative to this carceral approach but can you expand on that because
we really do need to explore what other options are available.

PROF CARLSON: Yes, so people who are perpetrators of family violence, who enter
into a prison sentence for those kinds of things, are often people who have experienced
20 family violence themselves or other forms of violence, including racism and other forms
of discrimination in society overall. So we know that a prison sentence does not bring
out about somebody who has those experiences, who requires healing, does not come
out any better off. What it does is it breaks down families further, it takes away people
from us, and then we actually spend a great deal of time worrying that they might come
25 out alive or not and that's a very real fear. What it does is strips away any gains any
family has made in terms of their social and economic standing, whether they have a
home, whether they have a job, their children, all of those things then become impacted
and all of those systemic discriminatory institutions, then all fall into place. Children
are often removed, jobs are lost, homes are lost, and then how do you recover from
that? Like, it's nearly impossible.

30 And once you have already a prison sentence, then your ability to be employed or, you
know, enter back in and try and be part of society again is hugely diminished, even if
you survive that. And often for women and LBGTQI people, a prison sentence can also
and has meant loss of life, loss of family, loss of children, and all of those as well. So,
yeah, I think we need to come up with other ways, including healing programs,
35 definitely healing programs, that can ensure that people then can think about a life
outside of violence that they can actually participate in. When all you've ever known,
for some people, is a violent existence, it's very difficult to go into a violent institution
like a prison and come out expecting that something about you would have changed in a
positive way.

40 CMR DESPOJA: Thank you Dr Farrelly. Any additions to that?

DR FARRELLY: I guess I'd only just add that if you look at family violence as a cause
and effect result of trauma of colonialism, then how is a carceral response the
appropriate response for that? I think that's where healing is the appropriate
response. And then I think that's where you see now a lot of men's behavioural change
45 programs are starting to look at that angle, whereas before there was really only carceral
response for someone who perpetrated family violence.

CMR DESPOJA: And indeed, we're talking about Aboriginal and Torres Strait Islander men here, but of course as the Commission has been told, Aboriginal women who are victim-survivors of this violence, it's not necessarily being perpetrated by Aboriginal men. We hear there's non-Aboriginal men, so non-indigenous men who
5 perpetrate this violence against Aboriginal and Torres Strait Islander women. Is that your understanding?

PROF CARLSON: That's correct.

CMR DESPOJA: I just want to go back to something you said, Professor Carlson. When you were responding to counsel assisting around, I think the quote was,
10 the hesitancy to access mainstream systems, you also spoke in your very early comments around systems abuse in response to Ms Orr's questions. In a response to me, you also mentioned the fear or the possibility of children being taken away from families, from their mothers particularly. I'm assuming that this is one reason that women in particular won't access some of these services, these Western-styled, invented
15 services, because of that fear in terms of what will happen to them, their families, their children. Is that something that we should be examining in a bit more detail, working out what are some of the alternatives and is that part of a healing process as well?

PROF CARLSON: Yeah, thank you, Commissioner. Yes, I think looking at alternatives is something that's really needed. Look, I can give an example of some of
20 the ways in which, you know, attending mainstream services is difficult for us. So I am a well-educated person. I've had that privilege. I am an Aboriginal person. I identify as an Aboriginal person. I went to a hospital, they said, "Oh, I need to ask you, are you an Aboriginal person?" I said, "Yes, I am" and they said, "Oh, wow, you don't look it, you don't sound like they normally sound." So straight away, I withdraw from that, thinking
25 this is possibly not a safe space for me now that I have identified as Aboriginal. They're taking a completely different look at me now, one judging how I look, and not just thinking, well, this an Aboriginal person, they may have particular circumstances that we need to address here, but instead they're already immediately challenging who I am. And so this happens a lot for Aboriginal people. I was in court with a person who
30 was being sentenced. She had been involved in some crimes that the partner had committed, and she was there. She had been a victim of family violence, very severe family violence.

The judge said to her, "You're not going to use your Aboriginality as an excuse in this courtroom." That's verbatim what was said in that court, and I was quite taken aback as
35 a young researcher thinking about that woman's experience had everything to do with the fact that she was an Aboriginal person. I also know another young mother who gave birth to a baby just recently. The partner does have substance abuse issues and has been before the court and has been imprisoned in their life, they're a non-indigenous person, and Family and Community Services were called immediately to the hospital to do a
40 welfare check on that baby, but that mother had no experience with anything that would indicate that that baby would be unsafe. That service continues to hound that person constantly, and they're fearful that that baby will be taken. All of these things are the reason why we don't have trust in services. I have delivered training to doctors before who might be the very first contact for family violence, who have said to me, "We have
45 to make sure government money is spent on real Aboriginal people." Who is a real Aboriginal person if it's not the person who's presented to you and told you that I'm an Aboriginal person, and I'm experiencing this? So these systems are constantly violent

to us as we try and engage with them to seek help for ourselves.

CMR DESPOJA: Yes, that lateral violence. Thank you for those examples. Again, important reminders for this Commission. You have both recommended, well you and your colleagues in this qualitative report, that professional qualifications and standards
5 need to be designed to recognise the value of lived expertise and community connection. So I suspect that goes to part of what we've just been talking about that, again, Aboriginal led and designed, but when you talk about providing training, are there any sort of examples of best practise or professional standards and qualifications that you think do acknowledge the value of lived experience or do we still have a long
10 way to go?

PROF CARLSON: From what I've seen, I think we still have a long way to go, particularly if we're talking about in family violence space and the people who work in there and try and provide services to others. I think we have a very long way to go. Most people are not trauma informed for one. A lot of people who do work in this
15 space do have lived experience and that's why they're drawn to this space, but we also have to make sure that they have access to healing themselves to be able to fully support and advocate other people experiencing similar things. Being traumatised by somebody else's experience cannot be beneficial to somebody who is working in the space.

CMR DESPOJA: Thank you. Dr Farrelly, did you have any final comments before we
20 wrap up this session?

DR FARRELLY: No.

CMR DESPOJA: Well, thank you both. Counsel Assisting?

MS ORR: Thank you, Commissioner. I have no further questions. I'd ask the
25 witnesses be released.

THE WITNESSES WITHDREW

CMR DESPOJA: Dr Farrelly and Distinguished Professor Carlson, you are free to
30 go. Thank you for today. We will take a short break before returning for our next witness.

ADJOURNED

RESUMED

35 CMR DESPOJA: We're back with proceedings for day 8 of public hearings into the Royal Commission into Domestic, Family and Sexual Violence and I now hand over to counsel assisting.

MS ORR: Thank you Commissioner, I call Kelly Ann Tansley.

KELLY ANN TANSLEY, AFFIRMED

5 MS ORR: Thank you. Ms Tansley, you are the CEO of the Zahra Foundation, is that correct?

MS K.A. TANSLEY: I am, indeed.

MS ORR: Can you tell us about the Zahra Foundation?

10 MS TANSLEY: Firstly, thank you for having us here today. It's an honour to be able to share the work we're doing into the Royal Commission of South Australia into domestic family and sexual violence. The Zahra Foundation was established 10 years
15 this year in fact in 2015 by the Abrahamzadeh family after the tragic homicide of their mother here in South Australia at the Adelaide Convention Centre. Now, it's worth me going into Zahra's story, because it is the core of all the work we do in the Foundation, even still 10 years on. Zahra had endured over 20 years of abuse and violence at the
20 hands of her husband. And when the threats and the violence became severe and continued to escalate, she made a very brave and courageous decision to escape with her three children. She did all the system asked of her, she went into crisis accommodation, she gave statements to police at the time, she took out protection orders, she spent roughly three months in crisis accommodation, and then she was transitioning back into community.

But the impacts of their abuse and the control and violence had left her in a situation where she was just struggling with day-to-day life skills. You know, managing money, looking for employment, she was indeed socially isolated. There was a period of time when the family fell into homelessness. And she was trying really, really hard to
25 rebuild her life, and unfortunately, predominantly due to funding, but the service system back then had very little services available for people to rebuild and recover and heal post-separation of domestic and family violence. Zahra's life ended with the tragedy of her husband, her ex-husband at the time, choosing to take her life at the Adelaide Convention Centre in front of 300 people, and it was an event I know many of you will
30 recall and it, you know, certainly had a huge impact on the state and a lot of reform came from Zahra's homicide.

Her children, I argue, were policy innovators at the time with so much courage and conviction, worked with the service system and anybody who would lend a hand and there was many South Australian businesses, corporates, community services and
35 politicians who rallied around at the time to support the family, and what they identified was that there was a lack of ongoing support services for women impacted by domestic and family violence. What they knew from their mother's experience was services that focused on economic empowerment or financial independence essentially didn't exist. We know 10 years on, it's only been of late in the last 24, 36 months, we've seen
40 policy come through the Federal Government's National Plan to End Domestic, Family and Sexual Violence in One Generation, where we see the fourth pillar now of recovery and healing, and we're starting to see more evidence and more policy come out on the importance of economic empowerment. Myself, and my staff at the Foundation, board colleagues and family included, are particularly thankful for the recent work of Dr Anne
45 Summers, a lot of what I will talk to today will reference her two reports, one of which

came out this week, so bear with me, I'm just getting my head around some of the statistics there. But essentially at the Zahra Foundation all of our core services focus on the economic empowerment for women, not just in the recovery phase, we see that in terms of prevention, response, early intervention, but predominantly recovery in terms of our service delivery. So we have three main activities we deliver at the foundation. Our flagstone service is Pathways to Empowerment.

MS ORR: I'm sorry to interrupt your flow, but just before you go on, Zahra obviously started in South Australia?

MS TANSLEY: It did indeed.

10 MS ORR: Is it correct that it's expanded now?

MS TANSLEY: It has, yes, that's correct.

MS ORR: Where to?

MS TANSLEY: New South Wales and Queensland later this year. We also provide online, virtual and telephone support across Australia although limited, there are services available, particularly workshops and financial counselling.

MS ORR: I'm going to ask you about the services soon I promise. How big is the Zahra Foundation now in terms of how many people work there?

MS TANSLEY: So we have 26 staff including volunteers that provide support to the service on a regular basis. I believe that's 16 paid staff and 10 volunteers.

20 MS ORR: Thank you. And so, I think you were about to talk about this, but what services does Zahra provide?

MS TANSLEY: So Pathways to Empowerment program, which has expanded over the last couple of years. Now, this is a group program that the evidence base we work from is a trauma care model in the context of adult education and this program is set to support women to enhance, rebuild or develop essential life skills, so they can move forwards with pathways into employment, education and training. What we know from our women is that many due to intergenerational trauma in the context of domestic, family and sexual violence or due to intimate partner violence they have experienced have often not been afforded skills that many of us take for granted. So whether this is money management, confidence in you know public speaking, confidence in skills within the workplace.

Some had these skills but the impacts of the abuse and control has eroded them over time. So this program sets out initially to support people to set goals for the future, rebuild themselves in the context of healing post-domestic and family violence, and also we weave in what we call psycho education. So that's where we support our participants to understand what constitutes a healthy relationship. It's sad to say many of our participants have no point of reference due to intergenerational domestic and family violence and what the red flags or the subtle signs of coercive control looks like. So this is a 12-month program with four modules that covers healthy

communication, healthy decision-making, healthy boundaries and healthy futures, and we run this program in four locations across Adelaide, down south in partnership historically with Junction now with an Aboriginal Community Centre, north with RASA, out west with Port Adelaide Council and central at our own premise. We've
5 been running that program for nine years in South Australia.

MS ORR: Is this separate from the Pathways to Empowerment Program?

MS TANSLEY: That was the Pathways to Empowerment program.

MS ORR: The Pathways to Empowerment program is a 12-month program.

MS TANSLEY: That's correct, within four modules, and those were the modules I just
10 described.

MS ORR: Sorry to interrupt you. You keep going.

MS TANSLEY: That's okay. So around about 39 per cent of women that connect with Zahra engage in the Pathways to Empowerment program. Our most at demand service is our specialist financial counselling services. Now these are trauma and violence
15 informed financial counsellors that are trained to not just be financial counsellors and qualified as a financial counsellor but also trained as a specialist domestic and family violence worker. Now that's important because 15 per cent of our women are still unified and are working with services and looking to escape abuse control and violence, so we work in what we call coordinated case management models so work alongside
20 crisis service in that response phase to support women to set up escape funds and be aware of what they may be eligible for in terms of government incentives, or you know maybe domestic, and family violence leave within the workplace and other initiatives that can support them to safely exit. Majority of women that connect with financial counselling services have exited either immediately or they're in the recovery phase
25 rebuilding their lives and our specialist financial counsellors work with risk assessment and safety planning you know just cutting off somebody from a bank account or taking a car back in their name can be a trigger for escalating violence. So our staff members are well trained and experienced in the nuances of supporting somebody to work towards financial independence without causing any further harm.

30 Roughly 57 per cent of women that connect with Zahra take up specialist financial counselling services. Our other activities is grants, so we have non-means tested grants, and we're very thankful for our partnership with the Wyatt Trust. We've been working with them for over eight years across South Australia ensuring South Australian women get access to emergency relief and financial well-being grants, and we use these grants
35 for a range of different needs that women present with. Predominantly it's ensuring they do not fall into homelessness so maybe paying the mortgage, paying the rent and getting the car back on the road, so she can make all of the appointments. A lot of these grants go to education resources, so maybe she wants to start TAFE, but she needs a laptop, or maybe she wants to go to a job interview, but she needs some clothes, or maybe she
40 wants to do a course but can't afford the course fees. So we break down the immediate financial barriers for economic empowerment and safety utilising these grants.

Last year we administrated just shy of \$100,000 worth of grants and I run some

numbers in December, and we have administrated so far \$55,000 worth of grants across the state. In regional and rural areas we see a lot of women presenting needing to access grants to escape. It's not unusual for us to pay for removalists. We've paid for women to get flights to go interstate. So we kind of see that these grants fill the gap

5 predominantly for women who may not be eligible for other sort of relief and that often can be because they're asset rich but cash poor. So many women connect with Zahra and on paper they're deemed to be okay but because of the financial abuse and the coercive control he's tied those assets up, and she can't safely access anything and certainly not cash so the grants program provides that immediate relief financial
10 counsellors step in to make sure they're advocating dealing with telco providers, financial institutions, utility providers and others, so she tells her story once to us, and then we deal with the system and the Pathways Empowerment Program it's a sustainable piece. How can we ensure her economic sustainability?

MS ORR: Can I ask you a couple of questions about grants? From what you've
15 described, it sounds like they'd be most commonly like a one-off payment to assist a person.

MS TANSLEY: Indeed. Look you know they can be one-off but because we've got several grant pathways through Wyatt Trust but also through our own unrestricted reserves through fundraising so with that money if we've completed an assessment
20 woman's engaged with financial counselling services, and we know she needs more to be okay we will issue grants for essentially for as much as she needs to be okay. The goal of all of this intervention is to prevent her from feeling that she has no choice but to return. We surveyed our participants when we were writing a submission into this Commission and 49 per cent of our historic participants told us had they not received
25 financial aid or assistance they would have felt that they had no choice- but to return to harmful, dangerous and violent situations. So if she needs more to prevent that we will certainly provide.

MS ORR: I think you said it's assessed, a person's circumstances are assessed, is that a process that happens within Zahra?

30 MS TANSLEY: Absolutely, so we have an intake officer. Predominantly referrals come through our online referral hub. Those referrals come from professionals, community organisations, system workers, Child Protection services, police, other and self-referrals. We also take self-referrals via telephone, through our social media
35 platforms or via email or walk-in if that's what's required. What happens there is every woman that connects with Zahra and I should say woman, female identifying or non-binary person who connects with Zahra, we do initial screening to understand where she is, and that screening is predominantly around risk and safety but also around immediacy of service response. So for instance, should a woman have received a letter from the banks and the house is going to be repossessed., we make sure we can get her
40 access to a specialist financial counsellor. We try to aim for 48 hours wherever possible.

But we're looking to see is she safe, psychologically safe and physically safe. If free screening it's showing that there's high risk indicators we move into the full South Australian Family Safety Risk Assessment. From there, depending on the outcome, referrals are made into the multi-agency team, or we're checking to see if she's already
45 engaged with a crisis service. If not, we're referring into a crisis service, that's a warm referral. The assessment at that point is, is it safe for us to stay engaged and provide the

support she requires or does she need to work with a crisis service first? It's not uncommon for us to be working with organisations such as Women's Safety Service. 35 per cent of our community referrals come from them, and we may be doing our piece particularly around financial counselling in administering grants supporting women to
5 set up an escape fund whilst the crisis services are managing through multi-agency teams the risk and safety. If safety isn't a concern through the risk assessment she's deemed to be relatively travelling okay.

The next part of the assessment is immediacy of need. So as I said, we look at that through motivation and Pathways to Empowerment program. If she gets access now is
10 she motivated to continue to move forward to look at Pathways for Empowerment education and training. If she's stuck on a wait list is there a risk of losing that engagement, and we look at immediacy in terms of financial hardship when it comes to financial counselling services. Now this sounds all wonderful in theory. I have no
15 doubt you're well aware at the moment of the current demands to the service systems across South Australia, so that is our service model, but it's really dependent upon our demand to services and our resources. For example at the moment, we have eight weeks waiting for financial counselling services and women can sometimes, dependent on the region or the area they're trying to access pathways, can wait up to six months to get into that program as well, unfortunately.

20 MS ORR: Are people triaged according to needs or is it simply you're on a waiting list, and you wait?

MS TANSLEY: No, as I said, so the first assessment is based on risk and safety. The second assessment or triage as you use the term, is based on need and immediacy. So with financial counselling services, we do have crisis appointments available throughout
25 the week, one a day. And with our Pathways to Empowerment program, we do, wherever we can, try to bring women in who immediately need access. Unfortunately, that list of women who immediately need access often far exceeds our capacity due to funding.

MS ORR: So we've talked about Pathways to Empowerment, financial counselling and
30 small grants. Are there other services that Zahra provides?

MS TANSLEY: There is indeed. I'm quite excited to talk about this one. So we were privileged to receive investment from the 500 workers, the federal investment into the states via the Office of Women, and we were then able to appoint a full-time case
35 manager. This commenced in July last year, July 2024 with Zahra and this was a huge gap, and we could have five case managers on the ground at any given time. We're grateful now to have one and our staff members said that the role of that case manager is to deal with complex needs particularly in circumstances where woman's risk may be shown for assessment of medium, clear that it can escalate without early intervention or any intervention, but she still may not be eligible for other services across South
40 Australia. That may be because she doesn't want to go into refuge, and it may be because of their wait time, so this allows us to offer that individual case management support and for other women that may be in the case where they've completed Pathways programs, and they're really keen to start TAFE, or they're really keen to set up their own business, but they need that individual one-on-one support to be able to realise
45 those goals. So in that instance the case management will support them as well. We have workshops. This is a new activity of Zahra this year in fact. One of the ways of

trying to deal with wait-listing and demand for service has been to establish a series of workshops both in person and online.

The great thing about offering this service online is that we can access regional and rural women. Each year we go out to the regions. This year we've been to Whyalla.
5 We're off to Port Perry. We're even off to Cooper Pedy later on in the year. Last year we did Port Lincoln, and we're trying to get to all of the safe havens across South Australia over the next 12 months. Predominantly we use unreserved income to do that, so fundraising dollars. So if we host a Changemaker event in the city, and it goes well, and we raise good money we're then able to offer programs and services in the
10 region. We did this year receive corporate support from AGL which means we're able to take our programs to the mid north, to Borough and the surrounded areas as well. But the workshops going back to them, they are proven to be quite popular. We know for some women, getting access to accurate, relevant, timely information for some women is enough for them to then self help or access the other systems and services
15 which can benefit them. So that could be you know we want workshops on superannuation, ATO, how to do tax returns for instance, how to check your own credit reports and for some women, a workshop alone is suffice. For others it's a way of engagement, so they're able to attend a one-off workshop and that can build confidence to then maybe move in to the Pathways program.

20 MS ORR: I should have asked before, I think you told us about the wait list for, I'm sorry if you did say this, the wait list for financial counselling, is there a wait for the Pathways program?

MS TANSLEY: There is indeed. So at each location we run the Pathways programs on different days and some women are restricted. We run the programs during school
25 times, during school terms and wherever possible we try to offer day care. This is a huge barrier for women accessing supports. We also, wherever possible, try to offer transport and make sure they're being run in areas where public transport's readily available. But for some women, if it's a certain day of the week they need to attend in a certain location, some women can be waiting up to six months to get access. That's
30 where we'd be offering workshops and when there's complex need individual case management support.

MS ORR: I understand Zahra also has an Open House morning tea. Is that right?

MS TANSLEY: We do. The Open House morning tea is something we've been running for a number of years now, and this is where we look to connect other
35 businesses and services to women, so they can come in, break down social isolation. So last year, you know, employment firms would come in and talk about job opportunities. Centrelink have come in and spoken about different initiatives and payments and what may be available to women. The Open House has slowed down a little bit this year with the workshops coming in, and we're seeing that people, although
40 social isolation is a huge issue for women recovering and healing from domestic and family violence, connecting them to local community centres appears to be a really good strategy, so they've got place based supports and the practical outcomes of the workshops are appearing to be more popular with our participants now.

MS ORR: In relation to in particular programs, the financial counselling, the
45 workshops, is it correct that there's no cost for - - -

MS TANSLEY: Absolutely. All programs are free and confidential within the realms of information sharing provisions.

MS ORR: I want to ask you a little bit about eligibility - - -

MS TANSLEY: Yes.

5 MS ORR: - - - which you mentioned. So you said that Zahra supports women or people who identify as women or non-binary people. Are there other eligibility criteria?

MS TANSLEY: No, and this is indeed a privilege we have for a lot of our revenue, only 25 per cent of our revenue is government funding. The rest of the revenue for corporate philanthropy or fundraising activities allows us to say, "Have you ever had an
10 experience of domestic, family sexual violence or gender violence more broadly" and that experience is impacted on your economic empowerment and our service of beneficial for you, we will support.

MS ORR: It sounds like those definitions or that test is quite broad.

MS TANSLEY: It is indeed.

15 MS ORR: And includes a range of people suffering or having experienced the financial disadvantage and having experienced the gendered violence in many different ways.

MS TANSLEY: Yes. Look, it brings it back to our mission and our philosophy. Well our mission is every woman in Australia is economically empowered and safe and what
20 sits under that is our philosophy is economic disadvantage that impacts on woman's ability to escape quickly or have vulnerability in the context of violence towards women and girls.

MS ORR: And could you help us with some numbers, the numbers of people that are coming through the service?

25 MS TANSLEY: Absolutely, I can. As I said, I ran some data. We brought in a new CRM in July this year. We're really excited because we're starting to measure across a lot of different data collection points and metrics through outputs and impact and the data is in fact quite profound. So last year we supported, this is off the top of my head, 466 women or non-binary female identifying people. This year July, I'm talking
30 financial year, so this year July to the 31st of December so far we had supported 466 women. So already in six months all of what we had offered support last year. The Royal Commission has certainly seen an increase of demand. We don't see this as being negative. More people are aware in community of domestic, family and sexual
35 violence, and more people aware in community that it's imperative to seek support and help. In terms of our other data, 57 per cent of Zahra's participants rely on emergency or transitional housing.

A lot of the evidence base we work from is the work of Dr Anne Summers, and we know many women have that awful choice between poverty or violence and our data certainly supports Dr Anne's findings as well. Of that, 23 per cent of our participants

are living in social or community housing and 14 per cent of our participants have mortgages and what we know there is if we're not able to get in immediately in the context of recovering from domestic and family violence and I know Commissioner you're aware of this and your team, the impacts of trauma as such, woman is just in survival and although the financial aspect of her situation is critical and certainly what happens in the early days of her exiting will have a huge impact on her trajectory in terms of being able to recover and rebuild. Unfortunately, it often isn't at the forefront of a woman's mind. She's concerned for, you know, the children, where she's going to live, court, is he going to find me, what will my family say, how am I going to talk to my boss if I'm employed, am I going to get fired, shame, stigma, the rest. But what we know if a woman doesn't get access pretty much immediately to specialist financial counselling services, that debt often through coercion and financial abuse just perpetuates and that's where we see women having notices from their bank that their house will be repossessed and unfortunately, for some participants, we then see them connect with services at the point they're in critical crisis and really on the verge of homelessness. So one of our sister services, Catherine House, certainly is their experience where you know a large percentage and I believe over 90 per cent of their women have had an experience of domestic and family violence and are now homeless. So that's data we're keeping an eye on and in trying as hard as we can to get women immediate access to specialist financial counselling services. 68 per cent of our women, sorry this statistic is from Dr Anne Summer's new report, The Cost of Domestic and Family Violence, which was released last week. 68 per cent of women who left a violent partner reported leaving property or assets behind.

And quite interestingly, and I say this with my experience not here in South Australia, but I've been working in industry for 15 years in Australia and I say this from my experience of leading other crisis services up in Queensland, I don't think that we were really fully understanding the long-term implications when we ask a woman to just take the bare necessities and leave and of course, often you know that is, dare I say, often for many women, you know a life or death decision when they need to go. There's certainly going to be another serious incident of harm. But the impacts are profound when trying to financially rebuild oneself there afterwards. What we know from the stories of our participants that often then what is left behind will be destroyed by him. It's another act of control and if there are assets in business or if there is a property with countless stories of women where properties damaged whether that's a car, where they've had business, has been business equipment damaged, so if she considers any kind of reclaiming of these assets via family law often the value of them have been significantly depleted or they've disappeared even. That's not uncommon.

So 25 per cent of women who've experienced partner violence are unable to pay basic essential bills such as gas, electricity, phone bills and some of the policy we see, although it's imperative for me to say we're seeing policy across a lot of telco providers, utility providers and financial institutions getting better in terms of understanding the impacts of domestic and family violence and access into hardship programs. There's some incredible national work happening in this space and initiatives and collaboration with community organisations, yet unless she knows about this, how does she get access? And for many women escaping and surviving domestic and family violence, it is really not at the top of your mind to then call your utility provider and say, "I've been battered, or I've been harmed." They struggle to tell immediate family members and friends let alone a stranger on the end of the phone. So you know this data, particularly the most recent data coming from Dr Anne Summer's report is alarming and certainly

what we're seeing on the ground at Zahra. I've got some you know some high level stats, so we know 16 per cent of women experience economic abuse. Overall, 16 per cent of women across our nation experience economic abuse. What we know of women who have identified as experiencing domestic and family violence, 84 per cent of them
5 have experienced financial abuse. So, financial abuse is a tool that is used to hold women in these relationships that are controlling and harmful and violent and certainly a tool used to sabotage their ability to rebuild, recover and heal post-separation as well.

MS ORR: Referrals into the services, so you mentioned that there are self-referrals, people can call.

10 MS TANSLEY: Yes.

MS ORR: Do you get referrals from other places?

MS TANSLEY: We do. So if you want exact numbers, I'll have to pull my submission. Are you okay if I send it through?

15 MS ORR: Yes. But also, I've remembered I forgot to ask you that you were talking about the numbers last year in the people that Zahra assisted. Has that grown?

MS TANSLEY: Yes, significantly. Sorry to be clear, in the 12 months of support in the financial year last year for Zahra, already in the first six months of this financial year we have exceeded the number.

MS ORR: Sorry, I meant grown since Zahra's inception?

20 MS TANSLEY: Oh, absolutely. So year on year out, when I put together the data for our annual reports, 2023/2024, we were able to look back at data for three to four years prior to them and seen we're growing 33 per cent year on year out across the organisation. That certainly will be higher this year than 33 per cent, but yeah.

MS ORR: Referral sources, sorry.

25 MS TANSLEY: So referral sources, predominantly community-based referrals and referrals from professionals. That takes up 35 per cent of our referrals coming in, the community-based, and 35 per cent of that 35 per cent is from Women's Safety Service Crisis Service. We work very closely with them. The second largest referral source is self-referral and often that's word of mouth and that's something we're really
30 proud of because we feel strongly that one of the gaps we hear from women who connect with us when we're talking about you know how did you hear about Zahra or what do you know it's available for you in the service system is quite limited, so the getting what's available down to grassroots and community, people who might not be connected to other community services has been a strategic objective of ours over the
35 last 12 months and from that we've had a number of different campaigns, one a financial abuse campaign. How do we talk to people who don't talk about this in a way that they can understand so when we've seen word-of-mouth referrals increase that's been something we've been quite proud to see. Now I'm just going to skip to the page within the submission to give you a little bit more numbers around that if I can find them and a
40 breakdown.

MS ORR: We will have that information, so if you can just give us an idea of where the referrals are coming from, that would be helpful.

MS TANSLEY: Yeah, absolutely. So community centres, other community generalist or mainstream organisations, other specialists, domestic and family violence services, individual workers in various government departments, so maybe social workers in ED, child safety, particularly into our Pathways to Empowerment program. Police, who are aware of us, refer in as well. One of the interesting referrers we see come through and which I believe is quite unique, I've not seen this in other DV services I've led historically, has been through small businesses and employers, and we believe we offer corporate training, but also we run events, community events, raising community awareness on this issue, and we believe that's probably why then we've received those referrals which are a little bit unusual but one's what we are happy to see come through.

MS ORR: Funding, you've mentioned, I think you said 25 per cent I think you said was from government funding.

MS TANSLEY: That's correct. So our funding, our revenue sources are very diverse and ambivalent as the year goes on, depending on fundraising activities, but at the start of this year our forecasted funding was clear, so this is known funding, what's going to hit the foundation. It sits roughly 25 per cent corporate sponsorship, 25 per cent philanthropy, including family founded philanthropy foundations. 25 per cent fundraising activities so that's events, fundraisers or individual giving and 25 per cent state government funding. Now when we break that down, we have in terms of reoccurring funding, so this is ongoing funding, we have one contract with the Office of Women that's the 500 workers and that's for one full-time worker. The rest of our funding from the Office of Women equates to another one FTE, and we've been in receipt of that on fixed term funding conditions. So that's been a 12-month contract which was the COVID injection from the Federal Government, the partnership money first came to us in 2021 as part of the COVID response. Now that money is also administrated through the Office of Women equates to roughly one full-time worker, that's a financial counsellor that funding is for. One of the challenges we have with that funding is we never know if we're going to get it the next financial year, often until May, and the contract ends in June.

Some of the great gender equality policy and strategy we've seen from this government and governments before this government, both at a state and federal level, has been through some changes in Fair Work, supported by our fantastic union ASU, whereby there's been advocacy for not keeping workforce on fixed-term contracts, particularly in our industry which is female-dominated and particularly organisations like Zahra Foundation with 90 per cent of lived experience being able to offer them the security of ongoing employment, so they can do things like get a mortgage or a loan or simply know what they're going to do next year. So aside from the dare I say stress and not knowing whether their contract will be varied year on for year out, so we can continue to provide these essential services, it also has a significant impact on our workforce. At Zahra we made the decision 24 months ago to bring that staff member onto a permanent contract regardless, but it is a risk that the foundation sits with, and I just think it's important for us to see sometimes the conflicting policies from government both in that space of gender equality and ensuring women do have stable and long-term income.

Predominantly our government funding in South Australia comes through the

Department of Education and that's the Department of Skills and that's through our Pathways to Empowerment program which is our adult community education program, and we were able to successfully advocate or suggest to Minister Boyer as he came in at the last term, that it would be really great if that was a reoccurring contract, and we
5 were successful. So that money sits on three-year contracts which helps us stabilise our workforce, and you know, obviously plan for services beyond a 12-month period.

MS ORR: So three-year contract.

MS TANSLEY: Yes. And we've been able to extend that program with demand and currently in talks with government through the Department of Education start very
10 early. For us the talk started back in December of the contract ends this June and expanding further yet again to meet the demand at the Pathways to Empowerment program I spoke to earlier.

MS ORR: I want to move on to ask about the success of, and I know you've mentioned a few different ways that Zahra works, but how do you measure success across those
15 programs or services?

MS TANSLEY: So we've just introduced the Empowerment Star. So the Star framework is an evidence-informed framework, I believe from the UK, but there could be people in New Zealand screaming down the screen at the moment, going, "No, it's an NZ tool, it's an NZ tool." It's been around for years, predominantly it was
20 in Child Protection services, but more broadly in human services. The Star Framework is held with high regard in terms of outcome and impact measurements. So that's a self-assessment of the woman when she enters Zahra across a range of different areas including economic empowerment, employment, housing, safety, children, health and well-being. We look at that assessment and see what the services Zahra can offer that
25 can support women to increase. It's a scale zero to 10 how she's feeling across those areas with some commentary to support how to understand what zero means or what ten means. And she sits with a practitioner to complete that initial engagement. And areas where we don't offer support, so one of their measurements is legal support. We
30 on refer them to relevant services. We then conduct that assessment at the end as well to see we - we have a theory of change at Zahra and we have program logics connected to all of our activities. And we want to test our assumptions and philosophy through the theory of change and program logics.

One of the - not being that funded by government and having to dare I say hustle for revenue quite often, you have to get really good at outcome measuring and you have to
35 be really sure your programs do what they - what you claim for them to do. Because private funders won't accept anything else. So that is actually been quite a positive experience for Zahra over the last three years. We have to be very good at measuring impact and outcomes not just throughput, not just numbers but also retention rates.

So at Zahra our pathways - we're very proud to say our Pathways
40 to Empowerment program has an 87 per cent retention rate which is significantly high for group programs. So we measure it through the empowerment style we also measure through surveys. We send out surveys to past participants, sometimes just on what was your experience, what can we do better and sometimes we nuance those surveys to projects that we may be looking to implement. For instance, when we looked to expand
45 our Pathways to Empowerment program we surveyed our participants and they told us

what we needed.

So also we're under evaluation of Deakin University. It's a three year 360 evaluation. That evaluation initially has been focused on our activity in New South Wales. But for the third year is broadening out to our activity here in South Australia as well, which is the same as what we're doing in New South Wales, but we do more of it in South Australia. So we've got higher numbers of women that can go through focus groups and stakeholders that can be part of that evaluation.

So through that evaluation stakeholders, staff and our participants have focus group interviews, one-on-one interviews or survey. Pre and post qualitative data is collected. And they're looking across a number of psychometrics and also life skill metrics to see whether the supports in intervention are kind of a catalyst or facilitating, or you know bringing the immediate results both short-term, medium and long-term that we hope. One of the great parts of that evaluation is some of the women that went through in year 1 are being re-evaluated in year 3.

Because what we want to see is, you know, has those short and medium outcomes we've seen been sustained? If not, why? Did our programs need to go longer? Did we need another activity where we keep them engaged? And predominantly one of the key pieces of data I'm personally interested in at the moment is we have this alarming statistic across Australia, doesn't matter what State or jurisdiction you're in, that says, and it depends where your source of information is from, that it takes women seven or nine times to leave a domestic family violent situation.

Now how many of those women did attempt and connected but weren't caught up in early intervention programs or were turned away because they were not deemed at risk enough or they weren't believed? I know anecdotally on the ground when I'm talking to participants that number would be high.

So what we're starting to collect now is when she engages with Zahra, what attempt of leaving is this? Is it your first, second, third, fourth, fifth? And then does she return? And can we evidence that once we get in. And if we can provide full service and support, woman doesn't feel that she's got no choice to return, and essentially that's realising our mission. And we know we can't do this alone. We play our economic empowerment piece and that's where co-locating with other services and our collective impact model, so co-case management where there's a collective impact model. So co-case management where it's required with crisis services or referrals into clinically governed counselling services such as Cedar Health are really essential for us to kind of do that well. But that's one of the things we're testing at the moment, and we're a bit excited about that.

MS ORR: Just to finish off my questions, but this has been the theme throughout your evidence, but bringing us back to the theme of today's public hearing. I want to ask you why in your view, or why based on your experience with Zahra, is economic empowerment important for recovery for a victim survivor?

MS TANSLEY: It's critical. It's been the element we've missed for decades I'm going to argue. I've been in industry 15 years. I wasn't paying attention to the economic empowerment of women when I was working in Queensland in crisis services. And

they were big services, you know 4,000 women a year, 24 hours, seven-day-a-week services. And women would cycle through services and systems, and we never quite - I never quite understood the critical need of services that are focused on financial independence and economic empowerment.

- 5 Women will do whatever they need to do for their children. And if that's continuing to endure violence, rape, abuse, because of the fear of falling - and this fear of poverty and homelessness, it's real. You know, we all know the fastest growing demographic of people falling into homelessness across Australia is women, and the single cause is domestic and family violence. So there's multiple reasons women return. But for many
10 women, the core reason is the financial and - not being financially stable, seeing that they can be okay.

- There's a lot to that, you know, gender pay gaps, access to permanent, safe, secure employment for women, education access. So there's a lot to it. But I think if we can have DV services in the service system more broadly responsive to that, we will
15 hopefully see some of these alarming statistics of seven to nine times of women returning reduce.

MS TANSLEY: Thank you. Commissioner, I have no further questions.

- CMR DESPOJA: Thank you, Counsel Assisting. I've just got a few because I think Ms Tansley you've probably answered in quite comprehensive detail a lot of the queries
20 we had. I'm going to ask quickly about bricks and mortar. Do you rent or own a space when it comes to providing your services and where your staff are housed?

MS TANSLEY: Yeah, thank you, Commissioner. So we rent in Mile End and all of our other venues we co-locate with partnering organisations. This helps us have none of - no overheads for bricks and mortar.

- 25 CMR DESPOJA: Yes.

MS TANSLEY: And we can put the revenue to the front line, to human resources to deliver programs. So that has been a business strategy of ours and the strategy we've taken interstate.

CMR DESPOJA: Yes.

- 30 MS TANSLEY: So we have no bricks and mortar in New South Wales. We co-locate with established place-based organisations. We find with that as well, women feel safe. Often they've already connected. The faces are familiar of the staff that are there, and we can go in and deliver our services, and it helps with case coordination as well, you know. We do our piece. They do theirs. We share information and work with
35 women collaboratively, and we're finding that to be a good model for us.

CMR DESPOJA: I take your point about the fixed term contracts - - -

MS TANSLEY: Yeah.

CMR DESPOJA: - - - especially those that, you know, are a year. I'm not quite sure

that you're going to get the permanence - - -

MS TANSLEY: Yeah.

5 CMR DESPOJA: - - - that you desire. But if you had to name - if you had to identify a period of time, a cycle, would you be looking at three, four year, five year fixed-term contracts in each sector?

MS TANSLEY: With the - yeah, thank you, Commissioner. There was some fantastic advocacy by the ASU up in Queensland and we managed to get support of government for five year contracts in the space of domestic, family and sexual violence. And that was well welcomed, off the top of my head, four to five years ago now in Queensland.

10 We have workforce retention issues within our industry as you're aware. Our workforce get nabbed by government agencies whether that's a health department or an education department because of that specialist knowledge or a housing department in domestic, family and sexual violence. And we don't - we have very little to offer them when they're on fixed term for one year or even three. I know from my leadership in
15 Queensland five years contracts did help us retain our workforce. Better plan and forecast services and activities instead of being reactive. And we've got some money today, quickly we've got to get something up and off the ground and then tomorrow we have to dissolve that and let go of the workforce. So for stability for the workforce but also stability for access to services for women in community, I think five years is a good
20 amount of time.

CMR DESPOJA: Thank you for that. I've heard you know from you and from women at Zahra with lived experience. And we've heard this morning from our first witness around some of the debts that women incur not necessarily through their own decisions
- - -

25 MS TANSLEY: Yeah.

CMR DESPOJA: - - - or making. So women emerging after they have left an abusive relationship to find that they've got you know a loan in their name, even a mortgage.

MS TANSLEY: Yeah.

30 CMR DESPOJA: Is that something that you're looking at with maybe some agencies or even sort of private sector institutions to work out how you can stop that happening in the first place or alleviate that financial burden afterwards?

MS TANSLEY: Yeah. We work with a couple of national advocates in this space, Catherine Fitzpatrick being one of those and there's many others. Rebecca Glenn is another. So wherever we can offer our data and lived experience - excuse me - and
35 voices to their advocacy or whether that's via submissions. I know last year there was a financial regulation senate committee that looked into this in terms of financial institutions. And there's various different roundtables and discussions around preventing this from happening in the first place.

Some of our key corporate partners we work with in this space through other services

and products actually being weaponised by perpetrators, whether that's within the relationship or ongoing. And I know government agencies are really starting to take a focus in this area. I hear it's complex and there's a lot of regulation. Neither of which I think is an excuse for not being able to safeguard these products and services. But I think we're in the early days.

There appears to be more of an appetite now, Commissioner, than I've historically seen in the past from the private sector. In relation to our women, we - when we're offering financial counselling services and pathways, it's about how they can protect themselves in the future for this sort of financial and economic abuse.

But you're right and what you say, many women come to us and they've got a bit of a feeling maybe he's, I know, expanded the money on credit card or maybe taken out a couple of buy now pay later schemes. But when we run the credit reports it's quite devastating to see women when they learn how much debt's been taken out in their name and the impact that's had on their credit report which is something we struggle to then rectify.

Some of the big providers we can advocate for debt waivers, and we do that often. Over - I believe off the top of my head, you know a good amount 40 to 60 thousand dollars last year of debt waivers Zahra was able to receive for women. I know small government agencies are great in terms of if it's been speeding fines he's racked up in her car - a car that's registered to her, for instance. But each agency has their own policy and their own hardship teams. So it's really down to the financial counsellor advocating to them because it's quite onerous for women who are traumatised - - -

CMR DESPOJA: Of course.

MS TANSLEY: - - - to be able to do that for themselves, yeah.

CMR DESPOJA: Thank you for that level of detail - - -

MS TANSLEY: Yeah.

CMR DESPOJA: - - - of the practical issues that we need to be aware of.

MS TANSLEY: Absolutely.

CMR DESPOJA: Thank you for your evidence today. Counsel Assisting?

MS ORR: I have no further questions. I'd ask the witness to be released. Thank you, Commissioner.

CMR DESPOJA: Ms Tansley, you are free to go. Thank you.

MS TANSLEY: Thank you.

THE WITNESS WITHDREW

CMR DESPOJA: And we will now take a short break before our final witnesses for today.

ADJOURNED

5 **RESUMED**

CMR DESPOJA: We're back to public hearing day 8 at the Royal Commission into Domestic, Family and Sexual Violence, and we're ready for our last set of witnesses.

MS ORR: Thank you Commissioner. I call Sarah Gunn and Tam Norris.

10

SARAH GUN, AFFIRMED

TAMARA ANN NORRIS, AFFIRMED

15 MS ORR: Thank you. You are both joining us from the GOGO Foundation? Is that correct?

MS S. GUN: Yes.

MS ORR: Ms Gun, what's your role at GOGO Foundation?

MS GUN: I'm the founder and the CEO of the GOGO Foundation. And Ms Norris?

20 MS T.A. NORRIS: I'm the program manager for the Inclusive Work program.

MS ORR: Ms Gun, I'll get you to start, if you can, by just giving us an overview of what the GOGO Foundation is.

25 MS GUN: The GOGO Foundation is a charity with a mission to support society's most vulnerable women and non-binary people with the skills, the tools and the community to increase their social and economic participation. This includes improving their well-being but also where it's desirable to remove barriers to employment and to support women into safe sustainable employment for the long term.

MS ORR: Is it correct that you work with people who have experienced domestic family sexual violence?

30 MS GUN: Correct.

MS ORR: Can you give us an idea of the proportion of people that have?

MS GUN: Yes, our most recent statistics that we reviewed in the weeks leading up to today shows us that 80 per cent of the women that we're working with at the GOGO Foundation have experienced domestic, family and or sexual violence.

MS ORR: 80, 8-0?

5 MS GUN: 8-0.

MS ORR: Thank you. Today I want to ask you mainly about the Inclusive Work program that, Ms Norris, you referred to. Can you give us an overview about what that program is?

10 MS NORRIS: Yeah, I can. So the Inclusive Work program is a nine-week program that supports women and non-binary people with complex barriers to employment, into safe and sustainable employment. The barriers that the women face are predominantly domestic and family violence, childhood trauma, housing instability and substance abuse. The course is held between school terms and in school hours, so we start at 9.30 and finish sy 2.00, to cater for those who have caring arrangements and obviously in the
15 school term. So the course content is all trauma informed and within the course content we cover well-being, mental and physical including a fit for work program as well so that the women are physically fit for work, and we also do modern work skills which equips the women with practical tools to re-enter the workforce or to continue on with study also. And then we also do some work immersions where we go into workplaces
20 to have a life experience within a workplace. We do some other team bonding stuff as well, we do some tree climb which is about conquering fears, and we also offer other ways to deal with anxiety and pressure such as yoga and mindfulness along the way as well.

25 MS ORR: Can I ask you a bit more about those three topics or aspects that you've mentioned?

MS NORRIS: Sure.

MS ORR: So is it correct that those three subjects are kind of the lessons that people receive?

MS NORRIS: Yes.

30 MS ORR: The first one you said was well-being - - -

MS NORRIS: Yes.

MS ORR: - - - so what are they learning in that (indistinct)

35 MS NORRIS: So within the well-being part of it, they learn everything from physical to mental well-being. They learn about their values. They also learn about setting boundaries, which is one of the more important ones, about putting boundaries in their life that they're able to keep and to keep them safe as well. And they also learn essentially self-love and to find their confidence again and to find out actually who they are. Many of the women that come through our program have lost their identity, or it's

been stolen, however you want to look at it, but what we try and instal in them is how to find that again and how to be their true authentic selves.

MS ORR: The second topic you mentioned was modern work skills - - -

MS NORRIS: Yeah.

5 MS ORR: - - - so what's involved in that?

MS NORRIS: Yeah, so it is also about setting boundaries in a workplace. They get to learn about a modern workplace, particularly for those who have been unemployed for a long period of time, which is a lot of them, about what's a safe workplace, what's a balanced workplace between work, life and balance, and what their values are, do their values align with that workplace, are they going to fit into that workplace? We touch a little bit on like contracts and what should be in a contract in terms of your super, leave, casual, full-time, part-time, what's the difference between those things. And then we also help with creating a resume that actually reflects the person. So the resume has their skills on it, and often they have gaps, so we find ways to fill the gap or for them to be honest about their gaps on their resume, and then we do an objective in there that actually is what they're looking for, who they are, a little snippet of their life in honesty. So if they're a quiet person, that's what we put in their objective and not setting them up for disaster in an interview.

MS ORR: The third thing you mentioned was immersion, which I do want to spend some time asking about. But before I do, is it correct that as part of the course, GOGO also conducts some advocacy on behalf of the people?

MS NORRIS: Yeah, so a large part of the course - so we essentially go from 9.00 to 12.30 with our facilitators. We have a little break, and then we come back in the afternoons and do one-on-one advocacy with each person who actually needs that at the time. So that can be anything from helping them find legal aid, dental appointments. I spent yesterday arranging for a woman to get into SA Dental because she has no teeth and needs to be fixed. So, you know, it could be a fitness program for them or a diet program that's stopping them from actually entering the workforce, because we find that those little things that they find too hard to do on their own are just as big as not having a work history. In fact, they're the things that tip them over, you know, unpaid fines, which we help them set up. Obviously, we don't pay for them, but we help them set up payment plans to take that pressure off. We set them up with being able to see a tax agent if they've got unpaid taxes or undone taxes which is in the back of their mind is just triggering, so we do lots of things like that in the advocacy side of things.

MS ORR: Immersion, I want to ask you about this concept of immersion, and Ms Gun, perhaps, if you can help with that? What is it, and how does it work in the course?

MS GUN: A big part of what we see with the women that are being referred into our program is that doors have literally closed in their lives, and they don't have access to a whole lot of things that the rest of society takes for granted. We have programmed over the nine weeks a series of immersions that begin very simply with building the first building block of I can achieve something. So we start with a really simple immersion that's either floristry or craft. It's very simplistic in its design because you can't get it

wrong and for so long these women have been told that they don't have the skills or that they are unable or that they have failed and failed, and we say actually this isn't really - so it's a really easy beginning, so it's that first step of building a little bit of confidence. Then we move on to introduce trauma-informed yoga which is very simple where people are given the choice over how they move their body. Sounds very simple but for many women that they haven't been able to make choices about what keeps them physically safe. So we start with that, and we introduce some introductory forms of different types of therapy whether that's cognitive behavioural therapy or inter-family systems, just little snippets to say sometimes we need extra help to overcome the barriers that we're experiencing.

Then we move on to group activities where we face fear but build trust, for example zip lining and climbing trees. That leads us into rights and responsibilities, occupational health and safety, also into then cultural well-being, where do you belong, how do you fit in, where do you belong in society and therefore perhaps where do belong in the workforce. And then we move into some of our employer partner engagements which are with Corporate Australia where we are invited by human resource teams or CEOs, and we move up into boardrooms with our employer partners where we might sit and have a session, well the women will sit and have a session in a boardroom up on you know a high level of floor they would never have been to and that organisation will talk about what it means to be employed at a bank for example, or within the care economy, or sometimes also with volunteering agencies because for some women the first step toward employment may be volunteering, but also we see that a lot of people are ready to go out into the open workforce as soon as they finish the course. So it's a sliding scale once we've built trust to build agency, and we allow women to explore for themselves in a safe and secure environment about what their future could look like.

MS ORR: You have mentioned to me previously that you might even help with things such as a barrier of getting on a bus to come and see you.

MS GUN: Absolutely. In addition to being trauma informed, we provide wraparound care. So every woman that comes into our program, which is generally in smaller groups of say eight to 10, because we are giving individualised care, we're able to respond directly to whatever those barriers are. And one that we absolutely know of is social isolation and social isolation can manifest itself in many ways. One particular is actually getting out the door in the morning, actually arriving at the program. That's a win for us in those first two to three weeks when our participants actually arrive, we know we're 80, 90 per cent of the way through on the journey to our work. So Tam and the team that are delivering the program will support women literally at their doors, on the phone. I can't come through, they're always like, okay, put your hand on the doorknob and let's turn the door and let's step out together. And then that is getting on a bus in a crowded environment or navigating the rail system or the bus system. These are major barriers for a lot of women. So it's everything from that to then supporting the women, so this is going back to the advocacy piece, a couple of other areas that we cover for housing. So we are not housing providers, but we will support women to understand where they are on the housing priority list. We will write letters to support them to maybe increase themselves from whatever category up to Category 1, and anything else that they need, and they're very individualised. That can be visa issues, it can be language barriers, so many, but it really relies on what that person needs.

MS ORR: You mentioned employer partners in the context of immersions in your

partnerships.

MS GUN: We do. Correct. So we have over the last three and a half years built first informally and increasingly formally partnerships with organisations who are looking for work ready, committed, reliable staff, and we know that the women at the end of our
5 program are all of those things. Predominantly not everyone that graduates from our program is ready for work or wanting work. However, it is the majority of those women. Some women will say, "Look, I'm going to wait for my youngest child to finish kindergarten and go to early learning or into kindergarten." So, of course that's important to them and society, so we will keep working with them over a period of time
10 until that moment in time comes for them, and then we will support them into the workforce through our employer partner. So we have relationships with several industries and sectors where we are building out a direct relationship. So for example, because there are gaps in the CVs for a lot of the women that are coming through our program we have an arrangement where we have a one direct email address
15 for example.

So there is a level of understanding that if we're sending a graduate through to that organisation that there will be a gap in their resume, but we believe that they are suited to that environment, and we ask of those employers wherever they think the fit is right that they will interview that woman. There's no guarantee, and we don't do the work for
20 woman. We prepare her, so she is able to advocate for herself in that environment and in every other environment actually, so we're not speaking for women, we're sitting alongside to support these women so that they have a backup with them all the time. And just to acknowledge also that the women that come to us many are long-term unemployed, most are more than five years of unemployment however, some those
25 women have never finished school. There is a significant proportion also who have tertiary qualifications and in some cases, have more than one tertiary qualification. So disadvantage and marginalisation does not discriminate in the same way that family, domestic and sexual violence does not discriminate.

MS ORR: Is it correct that the program is linked to a qualification? Ms Norris, can
30 you help us?

MS NORRIS: Yeah I can. So within the modern work skills sessions of the IWP, Inclusive Work program, we've mapped with our training partner, a Cert II in Community Services. So essentially what they're doing is learning a certificate without actually knowing, so throughout the process all the modules that are in the
35 workbook for the Cert II are covered through that session and through a couple of other sessions like the belonging session we do as well so once they've actually finished the nine weeks, they get a booklet, and then they can finish the work booklet and then be accredited with a certificate to community services. I mean it's a really amazing agreement we have with our training partner and the registration side of it can
40 be a real stumbling block for people and some people don't have ID and so that then already is like right I'm just not going to do that because I don't have the ID, so we'll work with them, and they'll give us the time to actually make that happen and alternatives you know what else can we use if we don't have this ID so that they can actually register and then be able to complete the certificate. It's not mandatory for the
45 program, but it's free training and something that if you haven't finished school is what we found is that a lot of the women who haven't finished school have said, "I've never completed anything in my life." It's quite an amazing feeling at the end of it, and we get

to go to Government House or House, and they get presented the certificate by the Minister and wear the black hats and the capes. And it's actually really momentous for people and has actually encouraged people to go on to further study, because from doing that study they've then realised, I have a brain up here, I am capable of this, and to
5 be where I want to be, I need to actually do further study. So it's been a real catalyst for people continuing on with education.

MS GUN: Can I add to that? That in addition to those who've never started any tertiary education, a lot of the women, life has got in the way of their ambitions due to trauma and the Cert II, as simple as it is, is a connection to remind them what they were
10 capable of before their life went off the rails. And so it - we find that what it does is that it invites back into their life that woman that was originally - you know, had certain ambitions and capabilities it's a reminder. So it's a real enabler.

MS NORRIS: Yeah, definitely.

MS ORR: And an added bonus, I suppose, is it's filling some of those gaps on the CV;
15 that you spoke about before.

MS GUN: Absolutely.

MS NORRIS: Absolutely. It's current training that is really relevant on a CV. Yeah.

MS ORR: Referral sources.

MS NORRIS: Okay. Yeah, so referral sources, we reach - we put our tentacles out as
20 far as we can, but we get a lot of our referrals from Workforce Australia. So a lot of the job actives send their - I would say, in particular their long-term unemployed people; people they don't really know what to do with. That they've got, you know, barriers that they can't help them with; they don't have the time; they can't one - work one-on-one with them. So we find that we get quite a few referrals there. We work with the
25 DV units and shelters. DCP, schools, word-of-mouth. So a lot of past participants have actually done the work for us, and we have families, and all - you know, it's been intergenerational that have come through the program already in the three years. We work with Corrections and ORS, United Communities, Youth Options, SAPO, practitioners and psychologists who've heard about us also refer people, Migrant
30 Women Safety Services, Women's Safety Services and, of course, social media. So we've had referrals from LinkedIn, Facebook and Instagram. So I pretty much send our flyer out wherever I can. But we are finding right now, I actually don't have to send anything out. So I'm now interviewing for our next program, and I've got 20 names already down, and we don't start till April. So I'm working my way through that now,
35 and that's without sending out a single flyer or reaching out to anyone. It's become quite organic, sadly, but also good. But because we, you know, without our service these people miss out on this. So yeah, that's how we do it.

MS ORR: So you've mentioned a selection process, as you were speaking then.

MS NORRIS: Yeah.

40 MS ORR: Is that how people gain entry into the program?

MS NORRIS: Yeah. So anyone who gets - who's had the link or the flyer, on the flyer is a link to our expression of interest form. So the first thing that we really stipulate is that the person who wants to join the program has to be the person who fills out the EOI. It's a really simple form; it can be done on your phone. It's the first step in self-
45 advocacy. So I find if it's a case manager or someone who's filled out the form, the likelihood of them turning up is much lower. So essentially, they fill out that with some sort of brief information that we can establish if they're, you know, heading in the right direction to be a part of the program. So then once the expression of interest comes through, I will then text the person.

50 I'm never really aware of their circumstances, whether they're in a safe place or

anything. So I text first and ask them the best day or time to call, and when that's established, I'll then call them and then ask another series of questions that will establish whether they're suitable, and they're still interested as well. So it's a two-way street. If all goes well in that interview, then we make a time to meet them face-to-face. And generally in a group setting, if possible, so that we can see how they connect and how they feel within a group. Some people find out it's a group session and their anxiety is too much; they can't come in. So we know they're not ready; that this is not the place for them right now. But those who do come in, we then re-go over the program details and then ask them another whole lot of questions to get some information off them, emergency contacts, all sorts of stuff, what their ambition are. I ask them what success looks like for them. Most - unfortunately, a lot of people can't see that. So and then from that point we - I let them know whether they've been successful. And if they're successful, depending on the time-lapse between when we interviewed and when we start, we start the communication and the support from that point onwards. So there'll be text messages, emails, anything we can kind of think of that's going to sort of keep them engaged, whether it be a participation link or can I see your resume, can you email me your resume, we start working on them and send them snippets just to keep them engaged and so that they know that we actually care and that we want them to attend. The week leading up we do the countdown, you know, five days to go, four days to go, one day to go, and then quite often on the first day, we're on the phone, guiding people in to, you know, you can do this, you can make this, and then it flows from there. So that's the process.

MS ORR: You spoke about in that initial stage - excuse me - assessing whether they are suitable. What does that mean?

MS NORRIS: So - - -

MS ORR: What do they need to be suitable?

MS NORRIS: So they obviously need to have barriers. So they need to have had experienced barriers to employment and also that they're not homeless. We find that if they are living on the streets at this present moment, it's - that's their first concern, and what we do is we - we'd obviously would have that chat over the phone, that maybe right now is not the right time, that let's get your housing sorted. So I'll give them a few referral points and help them out there and then keep their number or their contact details and say the next program might be the right program. So then I'll re-contact them later on down the track to see if they're in a better position in terms of their accommodation, or whether they may still be in a domestic violence situation.

That's not going to work right now; we're more about the recovery side of things. So if they're still currently involved in that situation, once again, we ask them if they've got the contacts and the supports and the know-how how to leave that situation, and then leave it with them because it can be quite a tricky situation if they're still there. So it's about assessing where they're at in their life, whether they've got childcare, whether their children are in school, how we can work that around. It might be that they don't have childcare, but, I say, well, if you can arrange childcare and work that out, then the next program will be right for you, but you need to have that in place. So they're the sort of things that we would assess when we're doing that initial phone call.

MS ORR: What about really sort of serious or significant mental health issues?

MS NORRIS: Yeah, so and over the phone, that initial one can be quite difficult, but sometimes they do disclose, and we do have a talk about that, and then generally what we do is they'll come in and meet us, and if those are - we'd be made aware of, like, if they have psychosis or their schizophrenia is out of control. I've actually just found another referral partner for that today - yesterday, sorry - that I can then - Neami will help out with that so that I've got somewhere to actually say that we haven't just

dropped you, we think this is better for you. And also for those on disability support or NDIS who have got a supporter, they've already got the support that they need. We - we're not equipped to go into a workplace and support someone with a disability. So I wouldn't be doing the right thing by those people having them through the program,

5 plus we find they've got multiple streams of support already. We're trying to capture those who have essentially slipped through the net and don't have those extra supports.

MS ORR: Beyond those kind of suitability for work criteria, are there any other eligibility criteria? Any restrictions?

MS NORRIS: Not at this point, no. So we have migrant women who are on bridging visas, and we've had some that have been on working visas as well. They do get a little bit more tricky, but that - in general if they've got barriers to employment, and they've had those traumatic events in their life, then the most times they're suitable for the program. Yeah.

MS ORR: And no senior age limit?

15 MS NORRIS: No. We are - they need to be over 16, and we have had someone - I think 61, I think was the oldest we've had - and she's working. So. Yeah.

MS ORR: After that interview process and selection process do you form groups?

MS NORRIS: Yes. So currently we have two groups going at the same time, so we have a maximum of 10 per group. We start off with 10 and there is occasionally a drop-off, so we like to keep them around the 6 to 8 per group simply because they come with such complex barriers and issues that if we go bigger than that when we're actually not doing what we say we're going to do and that's to give you individualised care, and we're not going to be able to stop and fix this problem or help you with that problem because there's too many of them. Plus the work we do is too intense to have that many people in the group. You can't get the full context of what's happening when there's 20 people sitting in the room. So we keep it small purposely to be able to actually give that - the promise of the individualised care that we do give.

25

MS ORR: And do you put some effort into the dynamic of the group?

MS NORRIS: Yeah, as much as possible and which is why we do the group sessions so that we can see if there's, you know, four really, really loud people we would separate them and if there's introverts and, you know, just to keep that balance because otherwise those who are more introverted or very quiet don't speak up, and then their time is wasted. So we do balance that out and same if there's people who have been incarcerated. We don't necessarily try to separate them but if I've got three or four I'll split them up because they know their shared trauma, they know what it's been like to be incarcerated, so that's all they'll talk about. So if I split it up then they'll speak to other women with different trauma, and they'll see that we all have trauma, but we can connect through that as well.

35

MS ORR: And I want to ask you about some numbers or some data. So you talked about the numbers in a group, and I think you said two groups at the same time, usually.

40

MS NORRIS: Yes.

MS ORR: So how many women are coming through? How many have you had doing

the program?

MS GUN: I can answer that. So we've been going for three and a half years. We've been running the Inclusive Work program. The first term was a trial, but we've run consistently since - that was 2021, and we're now at - the current group going through is
5 over a hundred. So we're up to around 105 women will soon have completed the program and I have some data for you if you care for me to read that through. 20 per cent of the women that have come through our program are migrant women or refugees. 18 per cent identify as First Nations, Aboriginal, South Australian. 80 per cent have experienced domestic, family or sexual violence. 73 per cent experiencing
10 housing stress. 61 per cent, this is a very sad number, have some experience of childhood abuse. 60 per cent have a past experience of substance abuse. Just a side note there, that if someone is still experiencing addiction then we will support them to overcome that addiction before they come into the program as a means of keeping everyone safe and well.

15 But we've got some really good outcomes there, incredible outcomes I would say. 16 per cent have reported previous incarceration and interaction with the child protection system, either themselves or their children, is 34 per cent. So we really are - our women have intersectional and often what we know is that it's hard to cross those numbers
20 all at once and as Tam said, the most pressing that we know present barriers to being present in the program to maximise its positive impact is housing instability, living in a car or in a currently violent relationship or a highly coercive relationship. And in addition to that some of the women aren't really aware that they're in a coercive relationship until they've done our program, but they know they're not safe on some
25 level. So that's the current numbers. What I would also like to share is the growth over the three years. So the inquiries that we have received have gone - in 2021 there were 20 inquiries, we just started out. 22, 40, 23, 40 and in 24 we've had a hundred inquiries coming into the program. So I think that demonstrates - having us well known, our marketing going out to people, but then now that we have developed
30 trust and a reputation of having a positive impact, it's growing exponentially. And Tam's just expressed how she's not really having to market the program anymore. The other thing is around the graduates. So the first year we had 15 graduates, the second year 20, then 25, and in 2024 we had over 40 graduates of the program. So we are seeing an exponential growth and that has implications for us, of course, on our
35 funding. On the funding we receive but also the funding we need, obviously, to continue that delivery. The good news is that within six months of completing the program, 60 per cent of the women are in safe, sustainable and suitable employment for their needs. As we've mentioned, we don't tell anyone where they should work.

40 We know that not every woman starts where she intends to finish but that - getting that first job is critical and now what - we know that the women know what safe work looks like now. It might not be their ideal, but they know they're then on a - have taken the first step towards where they would like to end up. And many women graduate straight from our program. You know, they finish on a Friday and quite literally will start work on the following week and these are in growth industries, really importantly they're in
45 banking and finance, they're in the care economy, in transport. Oh, there's such a variation.

MS NORRIS: Schools.

MS GUN: But also where we know where staff are needed. For example, in the care economy we know there is, you know, 60,000 staff needed by 2030 to cater for ageing population etcetera. Within 12 months 80 per cent are in safe sustainable employment. And I mentioned before about - from once graduating from the program there may still be areas that need to be resolved or further study. So someone might say, "Well I'm going to go and do a cert 4 in personal care or in a real estate course", or whatever that might be. Both of those we have examples of, and then they might take up some part-time work and then move into that long-term safe sustainable employment. And the other great piece of data that I have to share with you is that in all that time there's only been one woman that has actually then left that work that they've initially secured. Actually there is another, but it turned out that it wasn't a safe place for her, but she was able to quickly identify that and move on, and she now has gone on to secure further employment. But we know when we say, "We have work ready, committed, able staff", that is true. So the data reflects that for us.

15 MS ORR: You mentioned funding, so I will ask you about that. How are you funded?

MS GUN: Yes, the golden question. Our funding - I would say that we - so when we trialled we had a hypothesis that safe, sustainable and suitable employment could lift marginalised women out of poverty and break the cycle of exclusion from economy and civic participation, basically. We fundraised \$80,000 through our charity in 2021, and we were able to - that allowed us to co-design the program with women who had been in our circle of influence. I'll maybe talk about that in our social enterprises shortly, but we had direct contact with women who were experiencing or at risk of homelessness. So we co-designed the program with them around what would you need in order to help lift you out of your circumstances. So we had a hypothesis, we tried it, we tested it, and then we evaluated it. And we continue to evaluate weekly. Are we getting this right? What could we do better? What's missing? And then we applied to the Federal Government through the Office for Women. There was a Women's Leadership Development Program grant, and we were successfully able to secure funding under that grant and then subsequently we were able to receive - that was for two years and after that we secured grant funding through the Department of Social Services under this Strong and Resilient Communities fund. That's the funding that we are currently - we're currently funded under that grant. That finishes on the 30th of June this year, so in a few months. Also, this year we were able to secure sponsorship of 10 women. 10 of the South Australia's most marginalised women through the South Australian Department of Human Services, and we are - that was for 12 months, so that funding also expires 30th of June, although we may be able to extend that with the government if all those women haven't quite yet completed our program.

And I'm hoping it's all right to speak about this in this forum but after that we are, yeah, there's nothing secure for us. There is - we do have grants in currently, and I'm quite thrilled to see that there is a position for us in a grant called - it's through the Department of Employment and Workplace Relations federally. It's called the WorkFoundations grant and the reason I'm excited about that is because actually I think that is the right department. We are creating employment for women who have been marginalised from the workforce. Not all our women are seeking employment at that time, but 80 per cent more are, just that not everyone's quite secured it yet. And I feel that - so I feel that the - our intention and the need for the economy and workforce coming together in this grant whether we get it or not is a whole other, you know, something that we can't predict, and we are also trying to build out - to diversify our

income sources through building philanthropic relationships, social procurement opportunities. For example, we think that the South Australian State Government would be a great employer of our work ready women. So we are really working toward building an income strength that aren't reliant on grants but are a valid business model. That's what we're working on and wish us luck.

MS ORR: You've mentioned your social enterprises.

MS GUN: Yeah.

MS ORR: Would you like to tell us about those?

MS GUN: Yes, I would. So, in fact, we started - we had two social enterprises. They are Work Integrated Social Enterprise or a WISE is the definition that is used nationally. What that means is that the social impact is in the work creation. GOGO Events, which actually existed prior to the GOGO Foundation, is an event company where we have created transitional employment for women who are marginalised from the workforce. That's actually been going since 2013 and that is where we drew a lot of the intellectual property about the inclusive work program from our experiences at GOGO Events, which were - we were really grateful to have received research interest from the University of South Australia, that very early on in that in 2014 and 2015 we were - GOGO Events was evaluated by some academics at the university that were able to validate that what - that our hypothesis that paid work could be a lever to support women to build their confidence and their capabilities and their vision of what might be possible to build out actual jobs and then hope for the future. So we've had some good fortune along the way, but we've actually also had to work really hard because we did - every organisation needs some enablers. We'd had our events business for 10 years prior to that, and I had a couple of really good clients that were able to say, "Yes, we'll work with you regardless of who your employees are". And so we've been able to build that business, it's 25 years old this year which is wonderful. But our second social enterprise that we are - it's a startup. It's semi launched, but we're now looking for investment and that is actually where we are supporting people with hoarding disorders, which is increasing post-COVID, where we're supporting them to overcome or to understand and then overcome their hoarding behaviours. Whilst at the same time educating a workforce who are all graduates of our Inclusive Work program to be able to help hoarders to unpack their lives and all in the circular economy. So everything that the hoarder is able to let go of we then repurpose, reuse, reskill and redistribute, and we have some grants in for that. We also have one of the Adelaide - one of the city councils in South Australia has supported us with some financial input if we get the other grant. So we think, and we've unpacked two properties so far which is really exciting to see that transformation that is with the individual that is going through this quite traumatic condition, that we help them to remove that barrier for them and have a really good onflow of positive impact for them and their community.

MS ORR: And did you say before that those social enterprises do employ graduates of your program?

MS GUN: They both do. They do. Also, what I didn't say is that they are for-profit businesses and one of them is turning a profit and that is also contributing to the income of the GOGO Foundation. So the GOGO Foundation owns those two social enterprises,

100 per cent of those organisations, so 100 per cent of profit is delivered back to the GOGO Foundation in this kind of regenerative model. And in addition to that, our employer partners, we're also encouraging our employer partners to run events, and if they're running events, to engage GOGO Events to run those events, because everyone's
5 backing their own input then, both financially, morally, ethically within their businesses. And also we're carbon measured, so we're able to work really deeply with organisations and their ESG targets.

MS ORR: I don't mean to detract from the positive note of that, but I did want to now go back to what you see with women coming to you who have experienced domestic
10 family sexual violence?

MS GUN: Yeah.

MS ORR: And some of the sort of patterns of their behaviour or how they present to you?

MS GUN: Yeah. So maybe Tam and I will both share this, but if that's all right? What
15 we find is, firstly, that many of the women that come to us who have experienced family and domestic violence, not so much sexual at this point, family and domestic violence, are getting really, incredibly helpful and supported services from Women's Safety Services and Migrant Women's Safety Services. Where there's a big gap for us is the women who are experiencing other forms of domestic and family violence where it
20 might not be an intimate partner, and they really are slipping through the system. So there is no money allocated to that kind of violence. So that would be the first thing and what we also find is the women - many women come to us expecting not to trust us, expecting to be diminished, to have to tell their story at least once but often more than
25 once, something that only happens if that woman wishes to volunteer their story, and it's in a way that will help them overcome that barrier. They're expecting that the system will not support them because it has failed them multiple times and when I say, "The system", that might be - well employment is one, housing is another.

MS NORRIS: Centrelink (indistinct)

MS GUN: Oh, yes. Centrelink. I would say the child protection system as in family
30 and legal, you know, how money is distributed after families break up and the abuse of the - I don't have the correct language but the abuse of Centrelink system and child support system. So many of them are detached from their bodies, so what I mean by that is you're in survival mode, so there's a constant fight or flight. So everything is in their head and they often no longer trust their bodies because their bodies have betrayed
35 them in some way, or they don't know how to trust their bodies, so often their physical well-being has been diminished, or they're too frightened to go to the doctor or address a mental health issue. They don't know how to communicate with the general practitioner. I've been to appointments you know with women that will say, "Oh, no, I just can't sleep" but that might be the 1 per cent of actually what is really the problem.

40 MS NORRIS: Dental is a massive one, so I think in this group there's probably three women out of the group that we've got now who don't have dental issues so, and I'm talking like traumatic. It's either through violence or through substance abuse as well where they don't have teeth. They're decaying and that in itself is a barrier that is until

that's fixed they're not going into workplace. I mean some of them walk around like this. They're in pain. It's actually really predominant, and it's excruciating to watch them, and you know they're embarrassed, so you know like I've made a dental appointment for a lady to go have an assessment at the end of March, and she won't go unless I take her, or I meet her there because she's so scared, and she's been before, and it's been so traumatic that she can't go back again. Most of them couldn't possibly even contemplate affording a dentist, so I find that's one of the really big barriers and obviously in general going to a doctor.

You know the first thing they'll say is, "I can't afford it. I'm not going to go." You know, they don't know their bodies enough to know what's going on any more. Some of them have blocked it out, they've blocked out whatever pain that has been caused or whatever trauma they've faced is blocking that out. So everything just compounds, and they just get worse and worse and unhealthier. And their diets, so a lot of them eat quick takeaway food, so they're actually unhealthy, so they also don't exercise at all, so they're never releasing any of those really good endorphins in your body, so we try and connect them with that again as well.

MS ORR: So my next question then is a more positive one, and how does your program and then the subsequent employment and empowerment fit into their recovery journey out of the system?

MS NORRIS: Our goal is to build personal confidence and self-advocacy. We work together with each of the women and not on their behalf. So we sort of believe that no intervention that takes place that takes the power away from them will foster a recovery. So everything we do, we do with the intention of handing back to them. It might mean that we make the first phone call for them, but the next one is theirs. It might mean we go to the first dentist appointment but the next one they do on their own. So whilst we are with them the whole time, we're actually basically trying to give them back their power, give them back their identity. We've done a networking session where this is a really nice example where we've had people come in from different organisations, professional organisations to simply do a networking.

We do a session on it beforehand and one of the ladies said, "It's the first time I felt like myself again. I got in touch with myself again." The old person that would have made eye contact with everybody she met who would have shook the hands, it's the first time I've done that in 20 years. So it's giving back the power whether that leads to a job or whether that leads to them being a better parent or a happier, healthier person, that's what our goal is. That's where I see what we do in the program. It's complete recovery, so, yeah, that's kind of how I see what we do in the program.

MS GUN: It's a holistic approach, and the lovely thing about the program is that we're able to respond week after week to what that woman's needs are, and we ensure that in amongst our team we share time and resources, and we work to our strengths and their strengths. We didn't say that, but it's a strength based approach to everything, but also we laugh a lot. We do a lot of laughing, we do a lot of crying, we do a lot of singing.

MS NORRIS: Lot of hugging.

MS ORR: Beg your pardon?

MS NORRIS: A lot of hugging with permission.

MS GUN: With permission, a lot of consent giving. It's a joyous experience. It's hard work but it really is so uplifting for everyone involved and to see people grow and just stand strong in their own space is just extraordinary and as Tam's just referred to at the
5 end of each program, we have a networking event where we invite in our employer partners and other people in our network or supporters and the observation from some of our employer partners is that at that day I was not able to tell who was the participant and who was a corporate partner but of course, you can't, because actually we're all human beings and some people's lives have been you know tipped off the rails
10 (indistinct) come back, and others that have been able to maintain life's challenges, but you'd stay on a path, but there is actually no difference and that's one of the big things that you know we centre is that we are all human, and we all have challenges to face and that we're better to do that in community where you can get the support you need, so there's no shame or blame, recovering from blame or shame about decisions
15 you made or circumstances you found yourself in, they're all kind of really liberated and I can walk beside that now.

I'm not going to pretend that that didn't happen, but I can bring that lived experience with me, and we know that our graduates have really high emotional intelligence. They have incredible capacity for empathy, but also they are resilient, and they cut
20 through. They're able to say, "Well, that was hard and that might be hard for the person that I meet in the workforce, but I'm going to help you get through that because I've been through something myself that's either the same or worse than what you've been through." So yes.

MS NORRIS: And that's what we think of the program, but it just happened yesterday
25 actually that I interviewed a lady who has come from a domestic violence relationship and she basically came in and said to me that you know this were her words, so I will read them that, "Now there is quiet, the violence has stopped, and the perpetrator has gone. I will not move backwards nor can I go forwards. I am broken to the core, but I see hope in the Inclusive Work program." So that's what it means to the
30 women who come into our program, and that happened yesterday. And yes, I cried. But they see hope, and it's for the first time in sometimes many, many years that they actually felt listened and loved and cared for. So that's just from the perspective of someone who actually hasn't even done the program, and it just came in for an interview, so, yeah.

35 MS ORR: Thank you both, and on that note I have no further questions, Commissioner.

CMR DESPOJA: I think, counsel assenting that on that note of hope, we should probably draw a line under today's hearings, because I was going to ask Ms Gun why
40 you did this, and I was going to ask you both what success looks like, and I actually think you've answered that beautifully in your contribution today, so thank you for making us smile today. I think we recognise that these are serious, confronting and sometimes distressing issues and so the opportunity to look at some of these not just innovative solutions but opportunities for recovery and healing is good for all of us, so I thank you for your evidence and counsel assisting is anything further?

45 MS ORR: No, thank you, Commissioner. I'd ask the witnesses be released.

CMR DESPOJA: In which case I will let you both know that you are free to go.

THE WITNESSES WITHDREW

- 5 CMR DESPOJA: On that note, that concludes today's public hearing, day 8 of the
Royal Commission Inquiry into Domestic, Family and Sexual Violence. Again I
reiterate that some of the concepts and the discussions we've had today may be
distressing for some people and I suggest that our website
www.royalcommissiondfsv.sa.org.au is a place where you can see some ideas for help,
10 support and services. I hereby close today's hearing.

MATTER ADJOURNED at 4.40 pm