



Yarredi Services Inc.

SUBMISSION TO SOUTH AUSTRALIA'S ROYAL COMMISSION INTO DOMESTIC, FAMILY AND SEXUAL VIOLENCE

September 2024

Port Lincoln Regional Domestic Violence Service



Vision

An empowered, safe, and respectful community

Values:

- Our values are based on the principles of respect, empowerment, and participation.
- Our organisation will operate effectively and efficiently at all times as a 'centre of excellence'
- Our work practice will be effective, efficient, compassionate, and confidential
- Our workers are respected as skilled and compassionate professionals
- Our clients will be treated respectfully, and be provided with information that supports informed choices and decisions
- Our stakeholders will receive quality service delivery, efficient and quality for money, and be provided with timely and accurate information.

Mission:

To champion a respectful and connected community through:

- The promotion of equity, human rights, and social justice
- Strategic community connections and partnerships
- Professionalism and accountability in all we do
- Proficient and responsible service provision
- Leadership in community development and advocacy

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About this submission

This submission is focused on the key areas of focus for the Royal Commission's Terms of Reference: prevention, early intervention, crisis response, recovery and healing, and service integration and coordination.

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PREVENTION

Housing Options – historically, women presented to services and accessed supports, discussed their options, and undertook safety planning to leave an unsafe relationship. They were provided supports to access alternative housing prior to an escalation in violence as a preventative measure, however due to the housing crisis women are often not able to leave early and so we have seen a significant rise in women presenting in crisis and requiring emergency or crisis accommodation. It is more likely in these presentations that police are involved. This is putting ever increasing pressure on police, emergency, and crisis accommodation options with very few exit points.

Aboriginal women are often aware that there is going to be an escalation in the behaviour of their partner and will reach out for respite prior to an incident, in most instances they do not necessarily want to leave the relationship but instead need some time out for things to calm down so require accommodation for a short time but are not necessarily in crisis and therefore do not meet the criteria of emergency or crisis accommodation.

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Accommodation options need to be culturally safe and appropriate and require adequate space for family supports to be accommodated alongside the person requiring the respite. We have identified that this can create a barrier for Aboriginal women and a mistrust of services who “don’t or won’t help” so they are less likely to present when they are in crisis.

We recommend that there is investigation into alternative options for not only emergency and crisis accommodation but as early intervention and prevention. That we are allowed the opportunity to revisit the current housing model and that there be consultation around what housing can look like to best support victim survivors.

The Domestic Violence Disclosure Scheme has been extremely successful. As an early intervention and prevention scheme we believe it is being underutilised and is somewhat flying under the radar. Currently most disclosures are provided over the phone. Once the disclosure has taken place (if over the phone) the Person at Risk requires an opportunity to reflect, debrief and discuss the information that has been disclosed. What we have identified is if a disclosure happens over the phone the Person at Risk might end the call before having the opportunity to speak with the Domestic and Family Violence Specialist to discuss the information disclosed, talk through options, discuss safety planning and possible referrals on to other services for support. In person it is easier to read the body language of the Person at Risk and to assess their wellbeing. This is also a far more trauma informed and responsive option.

Our recommendations align with that of WSSSA and the DVDS. We also believe that there is scope for it to be a national scheme. We are aware though of the barriers that the lack of an ISG (information sharing guidelines) in other states poses.

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Safe at Home – Initially this program was set up by the SADFV Alliance as a replacement for Staying Home Staying Safe provided by Victim Support Services. At its inception the program provided support to women from low, medium, and high-risk situations, this program has the capacity to be an early intervention or prevention program prior to being a crisis response. Due to a lack of appropriate funding this program is only offered to high-risk clients. There is a significant amount of administration and case management that is provided even when the client does not fit the criteria of the program. Referrals for low and medium risk clients are sent through to an external program interstate which from a client perspective is not trauma informed or responsive, this also does not take into consideration the place-based input and information that the case manager has when assessing the client and creates a double up of paperwork for case managers.

We recommend that this program receive appropriate funding to cover all risks of clients to appropriately support women to live safely in their homes. This response needs to be a place-based response for women and children at risk.

Healthy Relationships - there is an ever-growing awareness around the importance of funding healthy relationships programs in the education system. As an organisation that has been running these sessions for several years in conjunction with Family Violence Legal Service Aboriginal Corporation, our local homeless service and representation from local schools and Headspace we believe that there needs to be input provided to the education department about accessing information and support from these specialised services to provide relevant information that is not diluted by the teachers or staff within the schools when presented to students.

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Our recommendation is that appropriate funding is provided to specialist services that are either providing input to the education system or facilitating these sessions.

Gender equality gives all people more choices, and opportunities to live more fulfilled lives. We know that gender inequality is a driver of gender-based violence and that freedom from violence is a human right. Domestic, family, and sexual violence are more often perpetrated by men.

We recommend that patriarchal norms be challenged at every opportunity and that the gender pay gap continues to be challenged to allow for not only gender pay equity but in general gender equity.

EARLY INTERVENTION

As a specialist domestic and family violence service we see the opportunities if funded appropriately for collaboration with services providing support to perpetrators of domestic, family, and sexual violence.

There needs to be compassionate accountability for men using violence. Particularly with Aboriginal people there need to be opportunities for healing as a family unit with broader community and family supports.

Children that have been exposed to or experienced domestic and or family violence should be provided services as clients in their own right. Yarredi Services provides specialist narrative play based therapies. We understand the importance of giving children who have experienced trauma, strategies to move on. We believe children who are working through this process progress more easily with the support of others, the most important being their parents. Our

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service includes working alongside parents to support their children. It is possible that this therapy can provide healing so that they are less likely to become either victims or perpetrators of violence in the future. Rebuilding relationships with mothers of children exposed to DFV is extremely important as this relationship is often undermined by perpetrator behaviour. There is also a significant gap in therapy that is DFV specific for teenagers both male and female that are too old for narrative therapy. We see this an opportunity for early intervention and prevention of intergenerational trauma and perpetration.

We recommend funding for all specialist DFV services to provide narrative play-based therapies and age-appropriate therapy responses to teenagers.

Age-appropriate responses –

Children’s workers currently work with children and young people aged 0-25 which requires an increased skill set and knowledge base to be able to work across this spectrum. Potentially different workers dedicated to pre-school age, primary age, and adolescents to allow for more specialised approaches.

Risk Assessment for Children –

Risk assessment tools that accurately capture the risk for children that include child focused questions that can be directly asked to the child and young person.

Recognising that children have the capacity to understand their experiences of violence and risk as they have been living in it. Could be involved in their own assessment of risk.

Self-assessments for adolescents

Children workers funded across the state –

At least one dedicated children’s worker per domestic violence crisis service. However, one worker is not enough given there are always more children and young people clients than there are adult clients. The need for child therapeutic workers, children case managers and parenting support workers working alongside each other for every child.

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Children's and YP therapeutic workers to be highly trained in domestic and family violence and not just working with children and young people through only a trauma lens

Not just simply funding for the wages of workers but additional funding for children's programs to purchase resources, create safe children's spaces etc...

Staff for designated program for teenagers.

Staff for outreach programs – particularly this could be for remote areas where staff need to travel to different towns to work with children.

Staff for early intervention Program.

Cultural Lens –Engaging with and funding provided for elders and other community members to provide culturally appropriate healing pathways for First Nations peoples. Funding to include support/training/assistance

Cultural training opportunities for ALL workers

Pathways for workers to access cultural understanding for complex cases

For Aboriginal healing spaces to be culturally led, with a focus on DV and trauma including;Ngankari

Mentors for boys to make didgeridoos

First Nations artist to work in groups and with individual children and young people

Bush walks and the collection of bush tucker

For a team of First Nations consultants that work from a shared space and are available to work with all homeless and domestic violence services/workers across SA, including rural and country services.

That the team are provided with appropriate supervision, training, and support.

This would provide internal support to First Nations consultants and prevent burnout

Holistic Approach (services) –

Greater whole family domestic violence counselling approaches that involve working with children and young people directly. This will support with the gap in services for children where their parents remain together.

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What are our gaps -

A lack of therapeutic services available to children and young people outside of a crisis setting and especially, therapeutic supports that have a deep understanding of DFV

Two children's services providing specific support for domestic violence exist in metro Adelaide, but these are only available to children and young people attached to crisis services.

Lack of domestic violence services available to children and young people prior to separation or after leaving the crisis services.

Completely misses the cohort of children within families who do not wish to separate or wish to remain in their current home.

Currently domestic violence services for children and young people are focused on children with complex needs and exhibiting high externalising and internalising behaviours. Every woman who presents gets a level of service no matter the risk, the same support should be given to ALL children and young people no matter their presenting issues.

Healthy relationship/domestic violence education needs to be provided to all children and young people. An evidence-based group that practitioners can be trained in to be delivered across the service system would be great benefit.

Staff for community education – for example – school programs etc

Support for children and young people should be embedded in the standardised process' within domestic violence services so that case managers understand their responsibilities regarding children and young people e.g. safety planning, understanding children's experiences of violence, assessing risk and mitigating risk etc...

Longer term therapeutic services for children and young people that are not capped at a certain number of weeks due to the amount of time required to build therapeutic relationships with children and young people.

Access to training relating to practical tools to work with children and young people experiencing domestic violence.

Supervision led by experienced children's workers with experience working with children and young people experiencing violence.

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Supervision is often provided by the line manager who is not always a specialised children's worker.

Recognition that children and young people have the right to be involved in decisions that impact them, including in the domestic violence setting. Include children in age-appropriate conversation and not be too cautious with children's right to protection over their right to be involved in decision-making. Children and young people play multiple active roles in a family experiencing violence and this does not go away overnight.

Children have lived experience and are often not seen through that lens. They are their own experts and need to have their voices heard and understood.

Space

Specific indoor space to run the program (which we already have two of at Yarredi)

Specific outdoor space so able to work with children outside – place to run / throw balls / engage in nature

Funding for resources including vehicles to travel to clients

Outreach

Therapeutic van so can easily access rural areas

Designated staff member for this (as mentioned earlier)

Education

Healthy relationships school program – ability to have this run regularly in schools (not just a once off) – separate program for males and females – reception to Year 12

Males / boys – male mentors – “good bloke” – break cycle – positive role model – culturally appropriate

Connection with community services around what we do but also educate around what is DV etc – someone as a conduit between the services & able to provide support / assistance to other services as required – specialist DV knowledge.

Designated staff member for this (as mentioned earlier)

Early intervention

Program for babies / infants

Visit playgroups & kindies around early intervention – support for mothers – wrap around service

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RESPONSE

Assessing risk is the first step when working with victim/survivors of Domestic, Family, and Sexual Violence.

The current assessment tool the DVRA assesses intimate partner violence only.

We recommend the development of a tool that can be used in sections that allow assessment for intimate partner violence, family violence, sexual abuse/violence, and coercive control.

This tool could be developed as a national tool to allow for better referral pathways and information sharing across states and borders.

Sexual Assault Responses - currently in Port Lincoln there is no sexual assault crisis clinicians or supports. Victim survivors are transported to Whyalla or even Adelaide for a forensic examination and there is no option for 'Just in Case' kits.

We recommend training and facilities for these to be undertaken locally to allow for a more trauma informed response.

We support recommendations put forward by Yarrow Place.

Domestic Violence Crisis Line - Yarredi's current out of hours response requires an on-call worker to respond to requests for accommodation either by direct contact from a victim or as a referral from police, or health. DVCL is marketed as a statewide response however due to significant underfunding we know that only 40% call are answered, and it is not a truly statewide service.

Local communities are less likely to call DVCL as a first option.

Currently clients that are supported by DVCL with emergency accommodation are provided accommodation until the following morning unless it is a weekend and then the handover occurs prior to 10am on a Monday morning.

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We recommend that DVCL could become the contact for all clients requiring Emergency Accommodation with a centralised system for workers to access and inform of local accommodation options and this can be updated to allow for place-based information and options.

On Call – currently our DFV Case Managers are required to be on call on a rotating roster. We have assessed that this not only creates barriers for recruitment but also increases the chance of burn out in staff not being able to ‘switch off’ at the end of a workday or week. Even though as an organisation we have excellent supervision and debriefing practices in place there needs to be an awareness around the burden that Domestic, Family and Sexual violence workers are carrying across our state.

Police – in our experience we have found that in outlying regional areas there is not sufficient staffing to back up police when they are on leave. This creates real risk for clients in these areas for many reasons. We have also identified that there is a lack of ‘real’ understanding of DSFV with police patrol responses.

We recommend training from specialist DFSV services to provide appropriate place-based information. This is also extremely important when police are required to respond to onsite incidents within our core and cluster site.

Dept for Child Protection does not currently have appropriate crossover with other services providing support to children. There is a siloing that happens that tends to be an us and them situation. *We recommend* that there be a trust that is initiated with services already connected with a family that is working with or at risk of working with the Dept for Child Protection. This includes appropriate staffing to ensure continuity of service and staffing that has appropriate experience to provide support to these families. We also recommend women that are provided crisis accommodation in our core and cluster sites have weekly face to face visits on site with their case worker from DCP.

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The risk to a child should be assessed by DCP.

The Family Safety Framework provides an opportunity to flag families at risk as does the Child & Family Safe Network meeting however we believe these two networks do not have appropriate information sharing opportunities with each other.

Leaving Violence Payment currently provided through Uniting Communities. During COVID we received a grant from the Commonwealth for Individual Safety Support Packages. This money was used for items that were not able to be accessed through other avenues for things like vouchers for meals, car registration, basic household items, material aid etc. The current access method for the EVP is through an application process either by the victim or the service they are working with. The information required is most often already provided to the DFV service. This can be applied for online however the administration of this funding occurs during business hours. What we know about crisis though is that it happens most often outside of business hours.

We recommend that this sort of funding sit with the specialist services, this would not only allow for victim survivors to be supported in their time of crisis but would also alleviate some of the paperwork burden that having to go through the application entails, this is also a far more trauma informed approach with the victim survivor not having to repeat their story.

500 Workers - this initiative from the National Plan to End Violence Against Women and Children 2022 has provided much needed FTE to the DFV sector however without appropriate consultation with the DFV sector in South Australia there are some fundamental flaws in the way it has been administered. For example, data collected within services that are funded by the Commonwealth are also capturing data from the workers that are funded by the DHS under the 500-worker program thus skewing the amount of work that is being

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undertaken by workers directly funded by the Commonwealth. Extra reporting is also required by this program and is therefore increasing the administrative burden on front line staff.

LGBTQIA+ - Our current service model requires more appropriate responses to people in this demographic. Accommodation options are not always appropriate and with a workforce that is predominantly women within female specific services this can alienate people identifying as LGBTQIA+.

Social Work Registration - We acknowledge the current efforts being undertaken by the Social Work Registration Board in SA. We encourage the Royal Commission to consider the impact the recommendations may have on the DFV sector including, legal implications, financial implications on services, and to ensure that we can continue to maintain a diverse workforce to support women and children experiencing Domestic, Family and Sexual Violence.

RECOVERY AND HEALING

As a service that is funded as a crisis response, we see the need for funding to provide longer term counselling and support options for women. What we know is that the abuse can leave lifelong effects and can make it difficult for women to enter safe relationships well into the future long after the abusive relationship ends.

In regional areas there is a severe lack of access to services and where there are services available there is a lengthy wait list. As a result, even though we are funded as a crisis response case managers will often have to provide a more integrated approach when responding to clients. There is constant management of caseloads and ensuring that staff can cope with not only the crisis response but also manage vicarious trauma and compassion fatigue. An investment into services providing counselling, therapy, mental health supports, financial counselling, drug and alcohol responses and support is required. As a regional specialist DFV service we are

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carrying the burden of clients with quite complex needs with no referral pathways. This can have a significant effect on case managers.

We strongly advocate for specialist DFV workers to have equitable access to training and professional development across the state.

Safety Hubs – that provide a safe environment for women to attend can provide a nurturing space that can either be their link into a service or for when they are past the crisis.

The Office for Women/DHS funded Safety Hubs play a significant role but not as a crisis or triage space.

This model is not appropriate as a crisis response. This response needs to sit solely with the DFV Specialist services that are already underfunded.

The current Safety Hub model in Port Lincoln 'Women's Wellbeing @34' is a safe space for women to attend groups, connect with other women and supports community connection.

The regional areas are expected to cover large footprints without appropriate funding or resources to meet the needs of the population in the outlying areas.

Yarredi Services covers an area of 12542.48 kilometres from Cowell across to Elliston and down to Port Lincoln.

Accessing services when in crisis or healing from domestic, family, or sexual violence can be extremely difficult when you must travel hours away to access a service. This is then further amplified when the service you need to access might not be able to provide housing or the response you require.

This is where we see the largest gaps, we know the statistics around how many times a woman will leave and return to the relationship but imagine that when she does leave there are further barriers around the access to services she may require, and she may want to stay in her home or community. This can be extremely difficult for women wanting the perpetrator to have contact with his children, a women leaving support networks or employment and or children having to

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move schools at a time when they are at their most vulnerable. Access to legal services, information from corrections, liaison with police around intervention orders can all help to support the healing journey and unfortunately this is not often well supported. There are opportunities for these services to be provided alongside specialist DFV services if there is appropriate funding and space available.

IN CONCLUSION

We recommend – an urgent injection of funding for services not only to cover indexation, material and brokerage, but the possibility of training budgets to cover upskilling and increases to FTE in services. The option for training to occur in regional areas rather than staff having to travel to Adelaide which can mean taking days out of the week and significant cost to services.

That specialist Domestic, Family and Sexual Violence Services are funded as such and not as a homelessness only response.

Women and children present as having experienced homelessness as a result of DFV and not the opposite, our data systems need to reflect this if we want to use our data to show the sheer number of women and the complexities they are experiencing, this will also show more accurately the cost to our society.

Our service system needs to be more culturally inclusive, informed, and responsive with a focus on integrated service responses.

Along with our partners in the SADFV Alliance we look forward to the outcomes of the Royal Commission, to the opportunity it provides to refocus South Australia's attention on domestic, family and sexual violence, to improve the lives of victim-survivors, to embed best practice and to address the drivers of violence that sees far too many women, children and people experiencing horrific violence at the hands of those who believe they have the right to power, control and impact over others' lives.

Finally, we recognise those who have experienced violence –

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victim-survivors who have survived, those who continue to live under the shadow of violence, and those who have lost their lives both directly and indirectly through their experiences. In doing so, we acknowledge that this submission reflects the experiences and insight of services and staff working in this space, many of whom also have their own experiences of violence and are encouraged by the Commission's dedication to hear directly from victim-survivors regarding their experiences and centering their voices. We continue to see too many people bear the burden of others' actions, and crimes, and live with the consequences sometimes for decades. We stand alongside them, we honour their strength, their resilience, and their journeys.