



# The Reily Foundation

Royal Commission into Domestic, Family and Sexual Violence  
October 2024

This submission is directed to:

Royal Commission into Domestic, Family and Sexual Violence  
[www.royalcommissiondfsv.sa.gov.au](http://www.royalcommissiondfsv.sa.gov.au)

## About The Reily Foundation Inc

The Reily Foundation Incorporated is an independent, not-for-profit organisation offering free education and support to parents navigating the Child Protection System in South Australia.

We are committed to working towards ongoing connection and reunification of families and building parenting capacity by offering practical, solution-focused support, and working with parents to identify and overcome barriers that hinder their ability to care for their children.

Our Mission is working with, and being a supportive voice for, parents navigating the State's Child Protection System, the Reily Foundation aims to achieve the best possible outcomes for children and their families. This is done through our vision of strengthening parenting capacity through practical support, education and advocacy.

## Acknowledgement

*The Reily Foundation Inc acknowledges the Traditional Owners of Country throughout Australia. We pay our respects to Elders past and present.*

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## Introduction

The Reily Foundation Inc., (Reily) appreciates the opportunity to present to South Australian Royal Commission into Domestic, Family and Sexual Violence. As our experience and expertise are in supporting families engaged with the Child Protection System, our focus is on the intersection of Domestic and Family violence, child protection and family support. Ensuring this intersection is understood and addressed will not only improve safety outcomes for women and children in the short term but will make significant difference in family functioning over the long term.

Approximately 50% of families that connect with Reily services, who have had their children removed by the South Australian Department for Child Protection (DCP) have experienced family, domestic and/or sexual violence. Over 90% of these families are women who are survivors/victims. Although Reily acknowledges the complexities that DCP faces in prioritising child safety as its paramount mandate, it is crucial that this is achieved with a deeper understanding of how to engage with victims and survivors, recognizing their broader protective capacities. Survivors or victims with direct experience in the child protection system often describe themselves as surviving one harmful relationship, only to enter another with similar characteristics.

Nationally, exposure to family violence, categorised as emotional abuse, was the most common primary type of abuse identified for substantiated cases in 2021, with 57% or 25,800 affected (AIHW, 2024). The Australian Institute of Health and Welfare also outlined data related to total burden of disease attributable to intimate partner violence resulted in mental health in 45% of cases and homicide and violence 46% of cases. According to this data in 2018, 2.2% of total burden of disease attributable to child abuse and neglect which resulted in 813 deaths and 73% mental health including anxiety disorders, self-inflicted injuries and suicide and depressive disorders (AIHW, 2024). In 2018, 2.2% of the total burden of disease was attributable to child abuse and neglect, resulting in 813 deaths, with 73% related to mental health concerns such as anxiety disorders, self-inflicted injuries, suicide, and depressive disorders. Reily has gathered data from parents engaged with its services, corroborating a correlation between family violence, mental health, and substance abuse as child protection concerns.

Reily has also identified a pattern where the focus on assessing protective capacity by DCP is placed on the victim, survivor, or protective parent rather than the perpetrator. In many instances, the protective parent is deemed to have failed to provide adequate protection because the perpetrator continues to cause harm. This is applicable if the survivor/victim leaves the relationship or remains and is unable to stop the abuse. Dr Heather Lovatt (2020) writes “this focus of intervening with the perpetrator to reduce risk and partnering with the non-offending parent to keep children safe is critical for safety-oriented practice”.

Reily is committed to providing this submission to the Royal Commission to bring attention to the prevalent issue of victim-blaming within the child protection system. By highlighting the challenges faced by survivors and protective parents, Reily seeks to offer constructive solutions that promote a more effective and compassionate approach to addressing child protection concerns in the context of domestic and family violence. Our goal is to ensure that while the safety of the child remains paramount, the system also better understands and supports the protective capacities of survivors, rather than unfairly placing the burden of protection on them. Through this submission, Reily aims to advocate for a more balanced and informed approach that keeps the child at the center while fostering

a healthier and more supportive environment for families navigating the complexities of the child protection system.

Incorporating lived experience into the examples presented in this submission is crucial because true change becomes possible when we listen to and learn from those directly affected by the system. The voices of survivors, victims, and protective parents offer invaluable insights that cannot be captured through data alone. Their experiences highlight the real-world impact of policies and practices, revealing gaps and opportunities for improvement. By centering lived experiences in our approach, we ensure that the solutions proposed are not only theoretically sound but also practically effective. This approach fosters a more responsive and empathetic system, one that truly meets the needs of those it serves and paves the way for meaningful, lasting change.

Reily conducted a consultative process involving individuals with lived experience by holding two separate focus groups—one with mothers and one with fathers—to understand their experiences with domestic violence and its intersection with the child protection system. Participants provided recommendations in line with the five key sections outlined by the Domestic Violence Royal Commission in South Australia: prevention, intervention, response, recovery, and systemic reform.

## PREVENTION

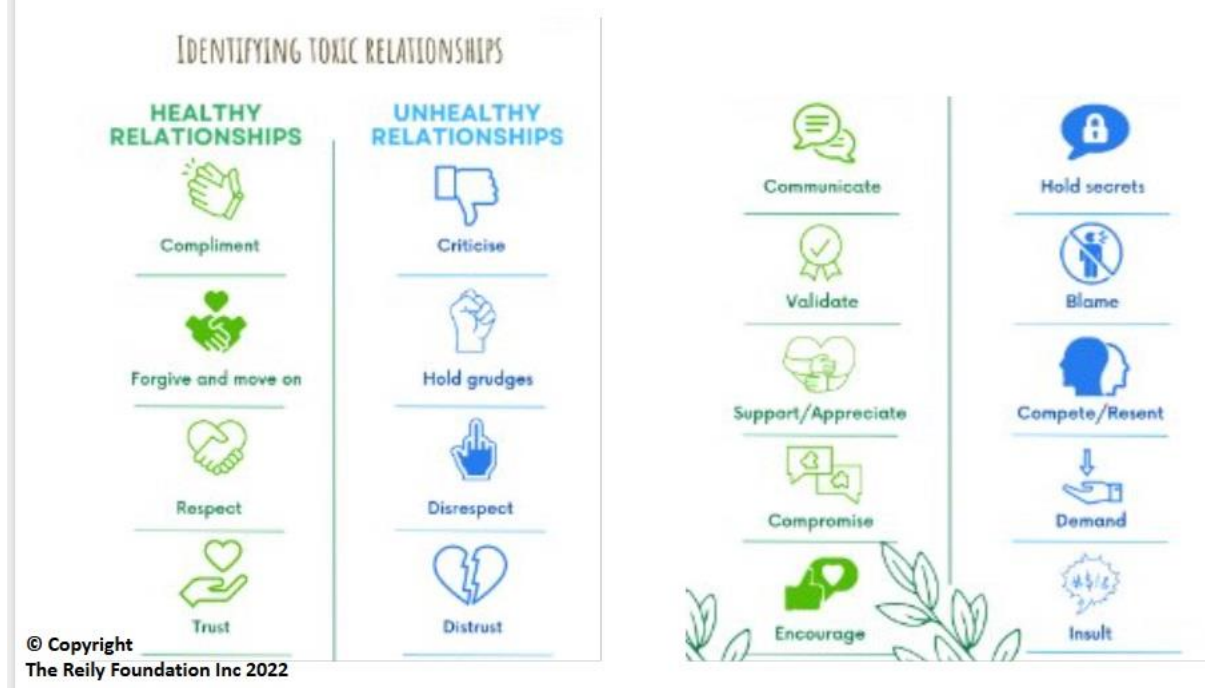
Reily supports families who have already encountered the child protection system, due to their children's experience of abuse and neglect. Reily exists to support families to navigate this complex system but advocates daily for the need to focus spending on Prevention and Early Intervention programs. By working closely with families to pinpoint moments in their lives where intervention might have changed their path, Reily aims to advocate for the availability and accessibility of the right services at critical times.

In discussing prevention with lived experience consultants, the importance of recognizing intergenerational disadvantage and trauma, and the role of the education system in shifting community attitudes was identified.

In reflecting on what would have created prevention at an individual level, one mum reflected on points in her life that might have changed the course of events. She wished she had received information about relationships and toxic behaviour at school. Her response..... *if "I been taught about the following [relationship types] at school I would have known about blue and green people".*

This mum was referencing a party of a Reily Foundation developed parenting workshop for families navigating the child protection system, entitled Showing up for your Kids(c). Given the large portion of women that engage in this workshop having experienced family or domestic violence there is a section of this workshop that is focused on explaining trauma bonding and toxic and safe people. The following slide has been taken from this workshop.

# Working out what colour to 'make' someone



The above is an exert from Reily's "Showing up for your Kids" workshop.

Suggestions to improve provided by mums relating to prevention centered around improving support services, education, and systemic responses to domestic violence. They highlighted the need for a multi-faceted approach that addresses prevention, support for victims, accountability for perpetrators, and community-wide education.

## 1. Improve understanding, reduce stigma and build restorative Practice

- Implement restorative practices for children, particularly during pregnancy, for front-line staff and community members.
- Reduce judgment and shame around domestic violence relationships by providing:
  - Support, awareness, and education.
  - Non-biased interventions.
  - Addressing coercive control in government departments.
- Change language in media coverage to be more supportive of survivors.

## 2. Primary and Secondary Education

- Introduce education in schools about intergenerational trauma.
- Provide education for individuals on:
  - Learning boundaries and respect.
  - Shifting away from colonial Western concepts of community towards more supportive village-style communities.

- Teaching these principles in primary schools.
- Offering parenting courses before the birth of babies.
- Educate on reactive responses and teach healthy relationship skills.

### 3. **Education and Training for the Sector**

- Provide free training for practitioners in areas such as:
  - Domestic violence, family violence, and sexual assault.
  - Online exploitation (OE) escalation.
  - Somatic therapy and compassionate approaches.
- Improve trauma-informed education for first responders and address long waiting lists for mental health services.
- Expand domestic violence education to cover different forms of abuse.
- Address the lack of understanding around mental health, particularly for children with disabilities and in the Women's and Children's Hospital (WCH).
- Provide education on domestic violence that includes neurodiversity, addressing both verbal and non-verbal communication.

### 4. **Increased services**

- Increase mental health support services for people with lived experience of past and generational trauma.
- Close the mental health gap, which could better support people from trauma backgrounds.
- Increase support for perpetrators.
- Provide more funding for community initiatives.
- Offer help to families before domestic violence escalates.
- Reduce isolation for survivors of domestic violence

### 5. **Improve Accountability**

- Address issues with police, including:
  - Coercive and controlling behavior.
  - Bias based on family history.
  - Threats made by police.
  - Lack of support for families needing help.

### 6. **Empower individuals**

- Teach body responses to trauma to help survivors understand their reactions instead of internalizing blame.

### 7. **Improve online safety**

- Review Queensland laws regarding derogatory comments on social media.
- Hold social media platforms accountable for protecting children from harmful content.
- Tackle the problem of online platforms enabling stalking behaviors.

The insights and suggestions from men emphasized the need to shift generational mindsets, improve support services for fathers and carers, promote positive fatherhood, and provide more mental health resources and education on self-care and emotional regulation.

## INTERVENTION

The insights and suggestions made under this intervention category focus on supporting children, addressing mental health challenges, and improving the overall system's response to domestic violence (DV) and intergenerational trauma. These suggestions emphasize the need for coordinated services, early intervention, and trauma-informed approaches to ensure both victims and children receive the necessary care and protection.

Reily staff have assisted parents in cases where available information has not been used to inform effective interventions and responses. The Interagency Code of Conduct is a framework that facilitates information sharing between agencies to support trauma-informed, child-focused decision-making. However, in many instances, decisions have been made without collaboration or sharing essential information, leading to actions that have negatively impacted the wellbeing of children and families. Additionally, the release of personal information through the court process to perpetrators has compromised the safety of survivors and their children.

### **Suggested areas of change made by mums are as follows:**

- Provide enhanced support for children exhibiting challenging mental health behaviors.
- Ensure timely referrals to appropriate support services for affected families.
- Use intergenerational indicators identified by the government to provide early support to high-risk families.
- Shift from simply notifying authorities to offering comprehensive support when a risk is identified.
- Recognize that children often feel responsible for supporting their mothers and calming tense situations practically.
- Reevaluate protective factors considered by the Department for Child Protection (DCP) to better understand family dynamics.
- Implement the "Compass of Shame" framework to understand behaviors driven by shame.
- Distinguish between disintegrative shaming (which isolates) and reintegrative shaming (which seeks to restore dignity) when addressing harmful behaviors.
- Prioritize social workers, peer workers with carer experience, or mental health nurses for early intervention in DV cases.
- Train police officers in de-escalation techniques to handle domestic violence situations more effectively.
- Address the complex dynamics where individuals may feel shame or guilt for leaving a toxic partner, which can lead to further victimization through emotional attachment and manipulation.

- Encourage DCP to work collaboratively with DV victims to provide support rather than remove children from their care.
- Create better-connected and coordinated services across sectors to ensure seamless support for victims.
- Acknowledge the toxic trauma bond created when perpetrators use threats—such as invoking DCP involvement—to exert control and intimidation over victims.
- Address the control and stalking behaviors of perpetrators, who often monitor their victim’s routines and whereabouts, contributing to an ongoing cycle of abuse and fear.

**Suggestions by dads regarding early intervention highlight the need for better screening of notifications, increased support for families navigating the child protection system, and fostering open communication between parents and services. These insights emphasize the importance of addressing grievances and providing timely support to prevent further escalation of issues.**

- **Vexatious reports** – Notifications are not screened adequately, leading to spiteful reports from professionals, such as NDIS workers, who may not be well-trained.
- **DCP support** – The Department for Child Protection (DCP) should assist families in understanding documentation related to their cases.
- **Support for children** – There is a need for support systems to help children cope with the grief of separation.
- **Lack of communication** – DCP did not share important paperwork with fathers, resulting in unintended contact with their children.
- **Financial control** – Fathers were not given a chance to explain the context of their financial situations.
- **Misinterpretation of actions** – Participation in anger management courses was wrongly perceived as an admission of guilt.
- **Disconnection from children** – Allegations led to a disconnection between fathers and their children, while mothers retained regular contact.
- **Encouraging men to speak up** – There is a need to help men voice concerns early if they experience violence or if relationships become volatile.
- **Support through assessments** – Assessments should guide appropriate support, with more programs specifically for dads and men.
- **PCA issues** – Parent Child Assessments (PCA) occurring 12 months after removal are problematic.
- **Mandatory counseling** – Implementing mandatory relationship counseling at the first notification stage and sharing decisions made.
- **Family Group Conferencing** – Encouraging family group conferencing to involve all parties in the decision-making process.

## RESPONSE

The terms of reference of the Commission state that “best practices responses will hold people who use violence to account, intervene in and address existing violence and support victim-survivors experiencing violence”.

The barriers for families in reporting domestic, family and sexual violence, according to Reily’s experience, is the fear that their children will be removed. Reily can provide endless examples of where victims have been held accountable for “lack of protective capacity”, alleged perpetrators have been stereotyped as perpetrators due to culture and gender and other examples of children being placed with perpetrators due to multiple fictitious reports regarding mental health of the victim.

The child protection system often operates in shades of grey, where decisions are rarely clear-cut. The threshold for action is based on the balance of probabilities, meaning that decisions must be made when it is more likely than not that harm has occurred or will occur. This standard requires navigating complex situations with limited certainty, where the evidence may be ambiguous, and the stakes are incredibly high. The system’s reliance on this threshold underscores the challenges faced by professionals in making difficult decisions that can have profound and lasting impacts on children and families.

## Protective Capacity

Safe and Together institute produced a paper in 2017 highlighting that called for a shift from policy and practice that focused on “failure to protect” to strength-based practice and police that focused on “domestic violence informed” (Safe & Together, 2017). This paper reaffirms the experience that parents who engage with Reily have expressed that although parents would reach out for support including counselling and education, concerning family violence in the home, **the fear of being blamed for the perpetrators behaviour and in turn losing their children to the child protection system creates a barrier.** Mothers have shared with Reily, and Reily staff have observed, that there is a perception that even after leaving relationships marked by domestic violence, mothers may be at risk of entering similar relationships in the future. This can mean that concerns related to child protection continue, despite mothers taking steps to leave the abusive relationship and prioritize the safety of their children.

The paper also speaks of a perception that contacting law enforcement for assistance means child welfare is automatically contacted. This is not a perception under the mandatory reporting guidelines under the Child & Young People’s Safety Act 2017, children observing or witnessing domestic violence often results in a mandatory call to the Child Abuse Report Line. The draft bill, Child & Young People’s Safety and Support Bill 2024, will result in this practice continuing with the inclusion of the following wording in Section 4 (1) Meaning of harm and significant harm, “exposure to domestic violence”.

Mums with lived experience outlined responses that they wish could have and should have been provided to them. These reflections emphasize the need for immediate, coordinated, and trauma-informed interventions to better support domestic violence (DV) survivors and address systemic challenges. These suggestions aim to improve the handling of DV cases by various authorities and services, ensuring the safety and dignity of victims while holding perpetrators accountable.

*“There was no acknowledgement for the abuse that I had suffered, even though I was looking for help”.*

*“We are in relationship with behaviours that we think are normal” (mum lived experience).*

*“Mothers are constantly expected to be fine when dealing with domestic violence or their mental health is called into question, but no one ever questions the perpetrators”. mum – lived experience*

*“I am not scared to speak up, I am scared of no one listening” (mum – lived experience).*

*“Child was displaying tendencies that were consistent with mother’s behaviour”.* Child removed from mum and placed into residential care and DCP failed to provide a lack of support and education for the child in respect to reasons. When child’s behaviours escalated, contact was reduced, citing the blame laid with mum and the trauma the child had experienced in their care. These were the words that the case worker used to explain child’s behaviour in residential care (mum lived experience).

Suggestions from mums included:

- Ensure parents are held accountable for historical domestic violence, with the same threshold applied to carers with historical child protection concerns.
- Reinstate funding for the Domestic Violence (DV) Disclosure Scheme, potentially extending it to include carers.
- Avoid scheduling contact visits with children immediately after incidents of DV.
- Prioritize the privacy of survivors by safeguarding their addresses and personal information.
- Redact sensitive information, such as medical assessments, from court documents before providing them to perpetrators.
- Address the misuse of children’s voices to justify child protection intervention, focusing instead on offering family support.
- Ensure all forms of DV are recognized, not just criminal violence (as currently recognized by SAPOL), aligning with DCP’s broader recognition of violence types.
- Address the large discrepancies between states in handling DV, with South Australia lagging despite the national scope of the Royal Commission.
- Offer hands-on support to victims, assisting them with whatever is needed during the response phase.
- First responders, including police, should be accompanied by trauma-informed social workers to better support survivors.
- Challenge societal biases and stigma surrounding DCP involvement when families seek support.
- Ensure that children with disabilities receive appropriate support and diagnosis rather than having their families labeled dysfunctional.
- Provide peer support for both victims and perpetrators to guide them through the recovery process.
- Implement trauma-informed training for first responders to improve their interactions with survivors.
- Avoid minimizing perpetrator behavior based on their job or standing in the community.

- Offer peer support for first responders to help them cope with the challenges of handling DV cases.
- Address instances where crisis care intervention pushes parents to place children under the guardianship of the Minister without offering alternative supports.
- Inform people about mandatory reporting policies, particularly when they seek help from support services.
- Address coercive and bullying behaviors from authorities (e.g., police) regarding the threat of child removal.
- Strengthen the effectiveness of intervention orders, ensuring police can act on violent behavior, as these orders currently offer insufficient protection.
- Shift the focus of mandatory notifications to early intervention rather than immediate child removal.
- Educate police and first responders about biases to better equip them in handling DV cases, ensuring appropriate support follows their initial response.
- Address instances of perpetrator manipulation, such as shaming victims by displaying laminated DCP allegations.
- Respond to concerns about authorities (e.g., school wellness coaches) inappropriately threatening to call DCP on children, as raised by a participant sharing a personal experience they had at their children's primary school.

Suggestions from dads about the response that should and could be provided.

- **Accountability of DCP** – There needs to be greater accountability in how DCP documents and handles cases.
- **Differential treatment in intervention orders** – Violent behavior exhibited by women is treated differently compared to that of men in intervention orders.
- **Manipulation tactics** – Some women may use others to carry out harmful actions, leading to further complications in family dynamics.
- **Accessibility of relationship counselors** – There should be more accessible and diverse options for relationship counseling.
- **Men's support services** – Increased availability of men's groups and courses (e.g., anger management) is necessary.
- **Peer and support groups** – More peer and support groups should be established to foster community support.
- **Insensitivity in communication** – There is a concerning lack of care shown by DCP when delivering difficult news to parents and the subsequent emotional impact.
- **Separation without alternatives** – While couples may be insisted on separating, there is often a lack of alternative counseling options to help amend relationships.

*“Removal will create worry and anxiety leaving children heartbroken, stressed and abandoned. Children can be left feeling that there is something wrong with them and for unhealthy relationships. Children are much more likely of being at risk of physical abuse being vulnerable to predators. Children can miss out on what it is like to have a true maternal bond” (dad lived experience).*

*“Parents deserve more power when it comes to accusations with no evidence parents should be driven towards education and rehabilitation rather than leaving families broken and left in the dark. The legislation says the department will work with families yet it is clear the case workers are trained to be distant to leave parents to fend for themselves with no navigation to such organisations as the Reily Foundation” (dad lived experience).*

*“I myself had no contact with my children due to false allegations without a single word from SAPOL or DCP for months creating disconnection, anxiety, feelings of sadness and loss and severe depression which led to excessive alcohol use. Parenting Capacity tests should be independent and within the first month, parents should be directed to psych evaluations within a 3 month period with government support, if more money was thrown at loving parents there would be more reunification. Why is there endless funds for carers and not parents? DCP Workers need to have more accountability for their actions so they don't make so many mistakes. Kids lives are on the line and so should their jobs be if they are to throw false accusations and caught lying” (dad lived experience).*

***The Australian Institute of Health and Welfare (2024) reported that “1 in 5 women (22% or 425,000) and 1 in 4 men (24% or 251,000) who experienced emotional abuse from a previous partner reported that the abuse involved threats to take their child/ren away”.***

***The Australian Institute of Health and Welfare (2024) reported that “about 3 in 10 women (27% or 515,000) and men (29% or 313,000) who experienced emotional abuse from a previous partner reported that the abusive partner lied to their child/ren with the intent of turning them against the victim-survivor (ABS 2023)”.***

## RECOVERY AND HEALING

Suggestions for change made by mums regarding recovery and healing emphasize the importance of providing comprehensive support and therapeutic interventions for survivors of domestic violence (DV) and their children. These focus on addressing practical needs, empowering individuals, and fostering healing through various therapeutic modalities. Key suggestions include:

- Offer relationship therapy to help individuals and families navigate the complexities of their relationships following domestic violence.
- Ensure that children linked to the child protection system receive tailored support based on their unique case histories.
- Identify and address barriers to recovery, such as lack of furniture and other practical needs.
- Provide hands-on, practical support to assist survivors in their daily lives.
- Offer financial support to help alleviate economic stressors that hinder recovery.
- Implement Cognitive Behavioral Therapy (CBT) to address negative thought patterns and behaviors.
- Empower children by educating them about their rights, ensuring this knowledge is not solely associated with the child protection system.

- Utilize Negative Exposure Therapy to help individuals process their trauma.
- Incorporate Restorative Practices to rebuild relationships and foster healing.
- Encourage families to create and share their life stories together, promoting connection and understanding.
- Include Somatic Therapy to help survivors reconnect with their bodies and emotions.
- Implement Imagery Rehearsal techniques to aid in processing trauma.
- Offer Interpersonal Therapy to improve relationships and communication skills.
- Address financial barriers that hinder access to recovery services, including lengthy waiting lists.
- Provide children with the support needed to understand their circumstances and assist parents in explaining their situation.
- Develop a funded Peer Support Model that offers both group and individual support, helping survivors feel less isolated.
- Introduce programs in prisons that address domestic violence and safety, integrating these topics into rehabilitation efforts.
- Shift the perception that recovery from domestic violence is unattainable, promoting positive narratives of healing and resilience.
- Challenge the belief that individuals will inevitably fall into the same harmful patterns, fostering hope and the possibility of change.

The following points provided by dads emphasized the necessity of improved access to support services, addressing the trauma associated with child removal, and ensuring therapeutic support for all children affected by domestic violence.

- **Increased access to counseling** – There is a critical need for more access to counseling services, particularly from domestic and family violence (DFV) specialists.
- **Trauma from child removal** – The removal of children from their homes is a traumatizing experience that creates additional problems, and parents often lack support during this process.
- **Funding disparities** – While significant funding is directed toward education and respite for carers, there is insufficient support for the parents themselves.
- **Therapeutic support for all children** – All children in families affected by domestic violence should receive therapeutic support, including those in care and their siblings outside of the care system.

## Family-Centered Prevention

Finland has a progressive framework for supporting families, particularly in the areas of child protection and domestic violence. Governed by the **Child Welfare Act (2007)**, Finland’s child protection system

prioritizes the best interests of the child, emphasizing **preventive measures** and **early intervention**. Municipalities are required to offer services such as family counseling, mental health support, and parenting assistance to prevent social problems within families. The system operates on a **family-centered approach**, aiming to keep children with their families by providing **home-based support services** and addressing underlying issues. Professionals, such as teachers and healthcare workers, are obligated to file a **child welfare notification** if they suspect a child is at risk, triggering social workers to assess the situation and intervene if necessary. Finland also employs **family group conferencing**, where families and professionals collaborate to develop solutions, ensuring that multi-professional support is available to prevent family breakdown and child removal.

Finland recognizes the interconnection between **child protection** and **domestic/family violence**, and its policies reflect this understanding. Finnish legislation and practices emphasize that exposure to domestic violence is a significant child protection issue. The **Child Welfare Act** includes provisions that consider children who witness or experience domestic violence as being in need of protection, recognising the profound impact such violence has on their well-being and development. Finland's multi-professional approach to child protection ensures that social services, health care, and law enforcement work together to address both domestic violence and child protection concerns. Support services focus on protecting children while also helping the non-violent parent. This interconnected approach ensures that both child safety and family well-being are addressed holistically, with a strong emphasis on early intervention and prevention.

South Australia could learn from Finland's **preventive** and **family-centered approach** by emphasizing early intervention, multi-professional collaboration, and home-based support to address underlying issues in both child protection and domestic violence. Many of the solutions identified through **lived experience** in South Australia, such as the importance of early intervention and family-focused support, align with Finland's practices, particularly in recognizing the **interconnection** between domestic violence and child protection, which could enhance South Australia's ability to protect children while supporting families more effectively.

*The Reily Foundation Inc. deeply appreciates the participants who courageously shared their lived experiences, showing resilience by joining this focus group. Their insights and recommendations are essential in helping us work together to better support families facing domestic and family violence and navigating the child protection system. As a CEO without lived experience, I am continually inspired by the willingness of those with lived experience to share their stories and insights, despite the trauma they have endured and overcome.*

Nadia Berginetti (CEO) The Reily Foundation Inc

## REFERENCES

Australian Institute of Health and Welfare. (2022). *FDSV summary*. [online] Available at: <https://www.aihw.gov.au/family-domestic-and-sexual-violence/resources/fdsv-summary#introduction>.

Ministry of Social Affairs and Health. (2018). *NAPE – Committee for Combating Violence against Women and Domestic Violence - Ministry of Social Affairs and Health*. [online] Available at: <https://stm.fi/en/nape1> [Accessed 7 Oct. 2024].

Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) of the Council of Europe Convention on preventing and combating violence against women and domestic violence (1 st thematic evaluation round). (2023). Available at: <https://rm.coe.int/report-submitted-by-finland-pursuant-to-article-68-paragraph-4-of-the-/1680ad1e54>.