



Submission by

Port Pirie Domestic Violence Action Group Inc.

To

**Royal Commission into Domestic, Family
and Sexual Violence**

August 2024

Introduction

The Port Pirie Domestic Violence Action Group is one of the oldest continuous domestic violence committees in South Australia. We celebrated our 30th birthday in August 2023. The Port Pirie Domestic Violence Action Group is a committed and passionate committee comprising both professionals and community members dedicated to raising awareness about the impact of domestic violence and working towards eliminating gender-based violence. Many of us are now retired from our professional careers. We continue our work because it is important to speak out about this violent crime and it is important to continue to advocate for support for victim-survivors. We aim to raise awareness of domestic violence as an issue of community concern, a national emergency and to promote effective legislative and social policy changes that lead to the protection of victim-survivors of domestic violence.

The Port Pirie Domestic Violence Action Group welcomes this Royal Commission into domestic, family and sexual Violence (hereinafter referred to as the Royal Commission). We feel that domestic, family and sexual violence are abhorrent crimes, a scourge on our society and we recognise not only the short term but also the long-term impact of trauma on individuals, their families, friends and the community. Domestic, family and sexual violence shatters lives, shatters families and shatters communities with the ripples of trauma spanning generations. The health and wellbeing of individuals are negatively impacted through the life continuum and there is an erosion of resilience. The establishment of the Royal Commission is a vital step towards creating a trauma informed, well-resourced, supportive, and understanding system that can be well and easily navigated by those who seek to interact with it.

Prevention

How South Australia can facilitate widespread change in the underlying drivers of family, domestic and sexual violence.

Drivers of family, domestic and sexual violence are complex. They are interwoven in social and cultural structures, the normalisation of femininity and masculinity. They are dispersed through community attitudes behaviours and expectations around gendered norms and roles in society and can include age, disability, gender, sexual orientation, race, culture, alcohol and illicit drug use, mental health issues, lower levels of educational achievement and employment (including job loss).

Entrenched ideas of gender, leads to normalising the behaviours of people who use violence. Victim-survivors often find it difficult to report their experiences of domestic, family and sexual violence. This is compounded in regional and remote areas where familial, friendships, social, resource rich services and options, transport options, and financial supports may be limited. So, we recommend that pathways are created (and these pathways may need to be subtle) to ensure safety of the person experiencing violence; for those who live in rural and remote areas where resources are limited. We suggest that a way to do this is via the health system, which women can access in a confidential way not only for their physical health needs but also disclosure of their experience of violence. We suggest that all areas of health access services for women are educated and informed about domestic, family and sexual violence and they have options to ensure safety, whether that be immediate or in time, dependent upon individual circumstances and the experience. Perhaps this may be via the Royal Flying Doctor Service or a travelling health bus.

We have and continue to have universal inequality for women. There is the gender pay gap. “In February 2024, the Australian Bureau of Statistics reported average weekly earnings for men working full time was \$1,982.80. Women earned \$1,744.80 per week on average. That is a difference of \$238 every week and \$12,376 every year. At the average rate of pay for women, this is the equivalent of over seven weeks additional work (50 days).” (*Reference Australian Bureau of Statistics*). A result of the gender pay gap, women experience inequality in access to resources, entrenched economic dependency leading to exposure of violence from partners who use violence. Lack of resources and entrenched economic dependency can lead to women finding it difficult to leave their abusive partner, which in turn can lead to victim blaming. Our recommendation is for the gender pay gap to be more readily recognised and addressed by government and workplaces alike.

Community attitudes and responses to violence against women we feel need to be addressed. The “simple” question of “why doesn’t she just leave” we know is complex. We know that there are many reasons why a woman is unable to leave a violent relationship and leave safely. We know that once a woman does leave a relationship, the risk to safety increases. This normalises victim blaming instead of the emphasis being placed on the behaviour of the person who uses violence. Also, many in the community readily know that physical abuse is domestic violence. So, it is important that we change community attitudes and knowledge about what domestic violence is and that there is more to it than physical abuse. We suggest that this could be addressed by disseminating information via media, social media, sporting clubs, and the education system where respectful relationship education can be taught. The attitude of the community we feel is

vital to reducing violence against women, supporting victim-survivors and the person who uses violence being made accountable.

We feel that the education system has a role to play in promoting change. Via the education we can teach respect, gender equality and the benefits of a gender equal society for all. We feel that this can begin in childcare and pre-school with age-appropriate teaching. We also feel that gender equality should be a compulsory component of teacher degrees. Also, we feel that teachers should have a compulsory update as a requirement of their teacher registration.

We feel that there should be a component of a teacher's degree, which is dedicated to recognising trauma and appropriate trauma responses for children and young people. We know that trauma will impact a child's educational outcomes and in the long term their employment and lifespan opportunities. So, it is important for schools to have the capability and capacity to recognise that a child may be having difficulty with their learning due to inadequate nutrition, their experiences of fear and flashbacks to what they are seeing and experiencing at home. Perhaps a nurse could be established in schools for some hours per week, which both children and their mothers / caregiver could utilise to seek assistance for domestic, family and sexual violence. Also, we feel that school counsellors can play a significant role and that these counselling positions should be filled via a qualified counsellor.

We feel that it should be a requirement for ALL businesses and employers to have White Ribbon Accreditation. A way to do this may be through Work, Health and Safety Policies. We feel White Ribbon Accreditation should be compulsory irrespective of the type of business. We feel that it is important for workplaces to be amenable and part of a safety plan to support women who want to escape

domestic, family and sexual violence. We feel a component on gender equality and respectful relationships should be compulsory for ALL apprentice trades. If we are to be serious about reducing violence, then we need a whole of community response and that includes ongoing information and education for all.

We feel that health, particularly women's health services / clinics provide a vital avenue and role in reducing, education of and supporting women who are experiencing domestic, family and sexual violence, especially, in rural and remote areas where services are limited. As part of Transforming Health, it was a soft option to phase out South Australian Women's Health Nurses. Through Transforming Health, South Australian Women's Health Nurses were lost due to contracts not being renewed and positions not being reappointed when the incumbent retired. Women's Health Nurses also had a role in providing education on respectful relationships within schools. We are suggesting that the South Australian Government ensures that South Australian Women's Health Nurses are in place, especially for rural and remote women. We feel that Women's Health Nurses are geared to recognise trauma due to domestic, family and sexual violence and that they are a means to providing safe avenues for women and their children who wish to escape violence.

Adequate, safe, affordable social housing is important. Women need to be able to access housing that is safe and affordable without long delays, especially those who are wanting to escape domestic, family and sexual violence. We see this as a way forward to preventing women and their children staying in an unsafe relationship because they have no-where else to go.

There are insufficient support services with long wait lists for those who have illicit drug and alcohol dependency and mental illness, which are drivers of domestic violence. Once again, this is exacerbated in rural and remote locations where services are not always freely available, and it can be difficult for some to access – e.g. transport is not available. We suggest that access to drug and alcohol counselling services and mental health support might be alleviated by location sharing and a fly in fly out service for rural and remote locations. Also, it is important to access the use of video links perhaps via the local hospital for people to access services. It is here that the Royal Flying Doctor Service could play a vital role. To ensure their capacity to do so, we suggest that they receive funding from both Federal and State Government to facilitate this.

It is important that the voices of those with disability, the LGBTIQ+, Aboriginal and Torres Strait Islander and CALD communities are listened to. We suggest that it be compulsory for all services supporting victim-survivors to have training in disability, gender diverse and culturally appropriate engagement and support.

Early Intervention

How South Australia can improve effective early intervention through identification and support of individuals who are at high risk of experiencing or perpetrating domestic, family and sexual violence.

The priority of early intervention should be the safety of victim-survivors of domestic, family and sexual violence. It is important that ALL of society have a full understanding of what domestic, family and sexual violence is. Many in our community think of domestic violence as being physical abuse. It is important to create an understanding in the community of other aspects of domestic violence. We feel it is important for the community to have knowledge of

psychological, sexual, verbal, economic, social technology facilitated abuse, isolation and coercive control. We feel that a community that is in full knowledge and understanding of the nature of domestic, family and sexual violence will provide compassionate community support. This in turn, will lead to reducing victim blaming, accountability of people who use violence and lead to the victim-survivor feeling more comfortable in seeking support.

It is also important for the community to be educated about the Domestic Violence Disclosure Scheme. It has been our experience (both when we were in the workplace and now in our retirement) that many people are unaware of this important initiative. We feel that the initiative of the Domestic Violence Disclosure Scheme not only has the potential to prevent women engaging in unsafe relationships, but also has the potential to save lives. To achieve this, it is important to use the general media, social media, schools, sporting clubs and other social groups within our community to inform the community.

It is important for victim-survivors to be able to access housing as soon as possible whether that be social housing or via a shelter to ensure safety, especially, when they want to leave the relationship. Unfortunately, shelter and social housing have long wait lists and this support is not always readily available. This is compounded in rural and remote locations where there are limited shelter options for victim-survivors. This leaves an option of motel accommodation for many. This is difficult, especially when the woman has young children, particularly a baby. Imagine a mother with a young baby trying to juggle the feeding and washing of her child in a motel environment or trying to get her children to school and cook them a home cooked meal. While a motel is a short-term safety solution, it is not a good long-term solution. Also, there are the

financial implications of this, in terms of a woman trying to feed her family without a proper kitchen more money needs to be spent on takeaway food, which is expensive and not always nutritious. Motels are designed for short term stays, not long-term accommodation for victim-survivors who need a home. So, we urge the South Australian Government to fast-track social housing and the building of more shelters across South Australia. The need is great, especially in rural and remote areas. We understand that building houses and shelters and the process associated with building requires time and skilled workers need to be made available. So, it is important for us to consider what other options are available – perhaps under a public / private partnership and that philanthropy be considered as a funding option. There needs to be liaison between State and Local Governments re available land that is available for social housing.

It is difficult for a victim-survivor to tell their story, and it is important that the victim-survivor does not have to repeat their story a thousand times. It adds to the trauma the victim-survivor is experiencing and it takes away their empowerment. So, centralised reporting and a multi-agency approach is important. There are often legal and systemic barriers that a victim-survivor faces. So, it is important that a victim-survivor has not only access to support services such as counselling, but it is also important for access to legal and financial services as well. It is often difficult for a victim-survivor to navigate support options, so a support service, which can centralise and disseminate information in a trauma-informed and timely manner is important. It is important for services to provide an advocacy role for victim-survivors.

It is important that there are supports in place for people who use violence where they can receive access to information and counselling about domestic

family and sexual violence. It is important that people who use violence learn about changing violent behaviour. If we are sincere about preventing violence, then a lot does depend on changing the attitudes of men and young boys so that they learn about healthy masculinity and relationships. We also suggest that there should be more shelters for men available.

If a victim-survivor does not want to report the abuse they are being subjected to (and there would be many reasons why someone did not want to report), then we suggest that a visit to their General Practitioner (G.P) and a subsequent letter from that (G.P.) should be sufficient to access any supportive financial assistance they require – i.e. accessing the Centrelink D.V. Crisis Payment. We feel that all General Practitioners, including their other staff – i.e. Practice Nurses and administrative staff should be required to have training and therefore knowledge about supporting a patient who is experiencing domestic, family and sexual violence.

We know that social media plays a large role in influencing attitudes. We have seen an increase of toxic masculinity ideologies being promoted more and more online, where it has become normalised. So, we suggest educational programmes and promotion of healthy male masculinity is important via schools, sporting clubs, the general media and social media. To address social media based toxic masculinity ideology we may need to look a “United Nations” approach, because this is not only Australia centric it is world-wide.

Response

How South Australia can ensure best practice response to domestic, family and sexual violence through the provision of services and supports.

The priority of any response to domestic, family and sexual violence should be to ensure the immediate safety of the victim-survivor and the response should be trauma informed. We feel that it should be compulsory for all services to receive training in a trauma informed approach for when a person discloses that they have or are experiencing domestic, family and sexual violence. This includes the police, judiciary, court staff, legal services, health services and practitioners and public housing services.

We feel that those who are accused of domestic, family and sexual violence should be arrested and detained as soon as possible. It is preferred that we have resident Magistrates. However, if this is not possible, then full use of CCTV, especially in rural and remote locations where there are no resident Magistrates should be utilised to place the accused before the court as soon as possible.

We feel that the justice system is there to hold people who use violence to account and provide protection for the victim-survivor including children and young people. We feel that we need to streamline the judicial system for victim-survivors of domestic, family and sexual violence. We welcome that police have the power to issue a Police Interim Intervention Order (PIIO). However, there should be no delay in placing the matter before the court. It is very difficult for a person who has experienced domestic, family and sexual violence. It takes courage and it is difficult for a person to disclose due to embarrassment and “what people may think”. This is compounded in rural and remote areas where “everyone knows everyone else”. So, we suggest that there should be a closed court for all matters relating to domestic, family and sexual violence with only the Magistrate and relevant others to provide a more relaxed session for the victim-survivor to tell their story. After an Intervention Order is confirmed by the

court, we feel that there should be no delay in serving the Intervention Order. Perhaps, technology could be utilised in some way with a confirmation of receipt until police have time to serve the Intervention Order. Breaches of Intervention Orders should be addressed with expediency to ensure ongoing safety and security for the victim-survivor of domestic, family and sexual violence. Also, we feel that there should be no court bail for second or subsequent breaches of bail relating to domestic, family and sexual violence and that any breaches of bail should return to court as soon as possible.

We feel that if people who use violence have had firearms removed, then they should NEVER be able to have a firearms licence again, even if the Intervention Order is revoked. In rural and remote areas, people who use violence may use the reasoning of having a firearm for stock management and to control feral pests. We argue that if this is the case, then the onus of responsibility, including the financial cost of that, is placed on the person who uses violence. It is up to the person who uses violence to explore other means of stock management and controlling feral pests.

Confidentiality and privacy of the victim-survivor is paramount especially in rural and remote areas. It is important that victim-survivors have access to health and legal and financial services as soon as possible. There needs to be an integrated service approach for the victim-survivor to receive the support and resources they need with the initial responder acting as an advocate in linking into services and support.

There needs to be greater support for children and young people who are impacted by domestic, family and sexual violence to assist them with managing their trauma. Currently, we feel, there are insufficient services for children and

young people. What services are available have long wait lists. This is compounded in rural and remote regions. We suggest that the government explore options of providing more support to people who are pursuing a professional career pathway to support trauma. Perhaps a financial incentive is an option, particularly in this high cost of living environment where people may need to decide between their professional studies and ambition and supporting themselves. If a financial option is made available then there could be a requirement to work for the government in a rural location for a certain period of time in mental health support for children, young people and adults.

Recovery and Healing

How South Australia can embed an approach that supports recovery and healing through reducing the risk of re-traumatisation and supporting victim-survivors to be safe and healthy.

Recovery and healing take time and there is “no one size fits all”. So, consideration needs to be given to children, young people, women in adulthood and older age. Inclusive of this, cultural considerations, women with disability and gender-based violence against LGBTIQ+ people. We also need to consider women who have experienced domestic, family and sexual violence becoming institutionalised as they age. It would be frightening for someone who has experienced violence throughout their life continuum to then be faced with needing institutional care where they may feel disempowered. So, it is important that nursing homes are well placed to support a person who has been subjected to trauma. We feel it is important for it to be compulsory for all aged care staff, in fact all health sectors to have training on supporting someone experiencing trauma. Likewise, it is important that we have sufficient services for people with

disability cultural diversity and those who identify as LGBTIQ+ to receive ongoing support.

There is no timeline for recovery and healing. Support may need to be revisited automatically, especially for children and young people who have experienced trauma. We need to ensure that there is a systematic response where individuals do not have to keep on re-telling their story. It is re-traumatising for them. We feel that government options i.e. health and child and adult counselling services are best placed for this because with integrated record keeping systems it provides a clear pathway for individuals seeking assistance, a wraparound service and a clear playing field. Many victim-survivors will require life-long care and there needs to be ongoing funding for this. Our systems are geared toward providing crisis response, and the period afterwards. We need to consider how we can provide life-long support for individuals who do not have the resources to access private health care. So, we feel that government needs to consider the provision of services for long-term support for victim-survivors and that these services are geared toward diversity. This is not only for the health, wellbeing and safety of individuals it also makes sense from an economic perspective.

Recovery and healing are about an individual feeling safe, empowered and resilient to move forward with their life. Elements of this journey would include financial wellbeing, safe affordable housing, money to ensure nutrition is maintained for the individual and their family and support to move forwards to potential employment opportunities This falls to us all to assist in this journey of recovery We look to Federal and State Governments to provide funds, the not-for profit sector to provide a range of services such as housing, financial counselling and advocacy and services to support the people who use violence

to change their behaviour, which is important. For the community to play a part, they need to be well informed and educated about domestic, family and sexual violence so that the victim-survivor feels supported and people who use violence are made accountable. So, ongoing education of the public is important so that we move towards a society that has gender equality and the benefits that provides us all. We can “never rest on our laurels” and say “we’ve done that”.

Conclusion

The Port Pirie Domestic Violence Action Group welcomes the South Australian Government's initiative of this Royal Commission into domestic, family and sexual violence. We have a national emergency, which needs to be addressed by us ALL. It has provided us and many others with a voice and an opportunity to play some part in creating change

We often witness the obvious physical injuries of domestic, family and sexual violence. However, there are also many less visible consequences as women experience depression, suicide, anxiety, alcohol and substance abuse, displacement due to often having to flee from their home and change their identity in a bid to escape violence, to try to feel safe again. Victim-survivors face homelessness, with domestic violence being a leading cause of homelessness for women and children. Everyone has the right to feel safe and be safe as they go about their daily lives in their home, at work, at school on our streets and within our communities. Sadly, this is not the case for all.

We often think about statistics when we talk about domestic, family and sexual violence, they are confronting and alarming. Statistics are important because they serve to remind us all, about the impact of domestic, family and sexual violence and that we must all be pro-active in taking a stand and saying enough

is enough! Statistics also tell us that there is still a lot of work to do, and we have a long way to go to reduce and eliminate domestic, family and sexual violence. However, we should NEVER forget the person, that is the individual, who they are and what they mean to others. The other side of those statistics is an individual who is a mother, a daughter, a sister, an aunt, a friend and a colleague. A woman who has had hopes, dreams and purpose. And please, let us NEVER forget the children who we think of as flower buds who were not given a chance to bloom and flourish.

For those of us who have been trusted with the women's stories, we often hear of how violence crept upon them as by stealth. Women tell a story of how love and dreams have been turned ugly with violence and fear. They tell a story of loss of independence and having their power to make decisions taken from them. Women talk about having to be accountable for what they do and where they go. We see and hear the impact that domestic, family and sexual violence has on children. Children who live in fear and worry intensely about their safety and the safety of their mother.

So, we hope in some way our response to the Royal Commission into domestic, family and sexual violence Issues Paper goes some way to change the narrative.