



Child and Family Focus SA Submission:

Royal Commission into Domestic, Family and Sexual Violence

September 2024

Acknowledgement of Country

We acknowledge the traditional lands of the Kurna people and acknowledge the Kurna people as the custodians of the Adelaide region and the Greater Adelaide Plains. We pay our respects to Kurna Elders past, present and emerging.

We acknowledge the traditional custodians of land beyond Adelaide and the Adelaide Plains, and pay our respects to all Aboriginal Elders past, present and emerging.

We acknowledge and pay our respects to the cultural authority of our Aboriginal and Torres Strait Islander colleagues and are grateful for the cultural expertise that they represent.

The role of Child and Family Focus – SA

CAFFSA is the South Australian peak body and industry association for child safety and child protection, representing the needs of South Australian children, young people, families, and the non-government, not-for-profit organizations who support them.

Background to this submission

CAFFSA's submission was generated through consultation with a diverse range of NGOs working with families in multiple capacities. This includes child protection, drug and alcohol misuse, homelessness, DFSV, and mental health needs. This submission was also provided to CAFFSA's Lived Experience Consultant for review.

The submission assumes the following key points:

1. **Women and children may experience themselves as both a victim and survivor:** This terminology acknowledges the diverse ways individuals who experience violence perceive themselves. Some may identify as victims, emphasizing their experience of harm and injustice, while others may prefer the term survivor, highlighting their resilience and ongoing journey of recovery. This distinction is crucial in providing support that respects and validates their personal experiences and identities.
2. **Children are the always victims when there is violence:** Children, particularly infants, are highly vulnerable to the impacts of domestic and family violence. Their physical and emotional development can be severely affected by exposure to violence, making them

primary and not secondary victims. This assumption highlights the need for targeted interventions that prioritize the safety and well-being of children, recognizing their unique needs and the long-term consequences of trauma.

3. **Systems can do harm:** The potential for institutional systems, such as legal, healthcare, and social services, to inadvertently cause further harm to those they aim to protect is well established. For example, bureaucratic processes, lack of trauma-informed care, or systemic biases can and do retraumatize individuals and/or fail to provide adequate support. Recognizing this, CAFFSA advocates for systemic reforms that minimize harm and enhance the effectiveness of support services.
4. **Victim blaming:** The tendency to blame mothers for the effects of domestic violence on their children is a significant issue. This assumption arises from the unfair burden placed on mothers, who are often held responsible for protecting their children while simultaneously being victims of violence themselves. It calls for a shift in perspective that supports mothers without judgment and acknowledges the broader context of abuse.
5. **Violence intersects with most other public health issues:** Domestic and family violence is not an isolated issue; it intersects with various public health concerns, including mental health, substance abuse, and chronic illness. This intersection drives the need for integrated approaches that address the multifaceted nature of violence and its widespread impact on health and well-being.
6. **Violence is common in Australian society:** Recognizing the prevalence of violence in Australian society is essential for addressing it effectively. This fact challenges the notion that violence is rare or exceptional, instead framing it as a pervasive issue that requires comprehensive and sustained efforts to combat. It highlights the importance of widespread awareness, prevention strategies, and community engagement in reducing violence.

CAFFSA also supports the following principles identified by Our Watch that call for intervention to be underpinned by the following:

- **Human Rights Framework:** Align with international human rights and uphold South Australia's obligations.
- **Gender Lens:** Use a gender perspective in all investigations to understand the gendered dimensions of violence.
- **Intersectionality:** Address multiple intersecting systems of oppression and discrimination.
- **National Alignment:** Align with the National Plan to End Violence against Women and Children, the Safe and Supported Framework for Protecting Australia's Children, and the Aboriginal and Torres Strait Islander Action Plans for both.
- **Holistic Approach:** Implement a continuum of strategies across prevention, intervention, response, and recovery.
- **Diverse Evidence Base:** Use a wide range of data and expert knowledge, upholding lived experience as the primary source of evidence.
- **Practitioner and Survivor Input:** Draw on the experience and expertise of practitioners and survivors, recognising that both are constrained by the system.
- **Aboriginal Self-Determination:** Prioritize and engage with Aboriginal people and communities.

- **Broad Engagement:** Engage with governments, private sector, civil society, and the community, incorporating community consultation to ensure recommendations reflect expertise and community needs.

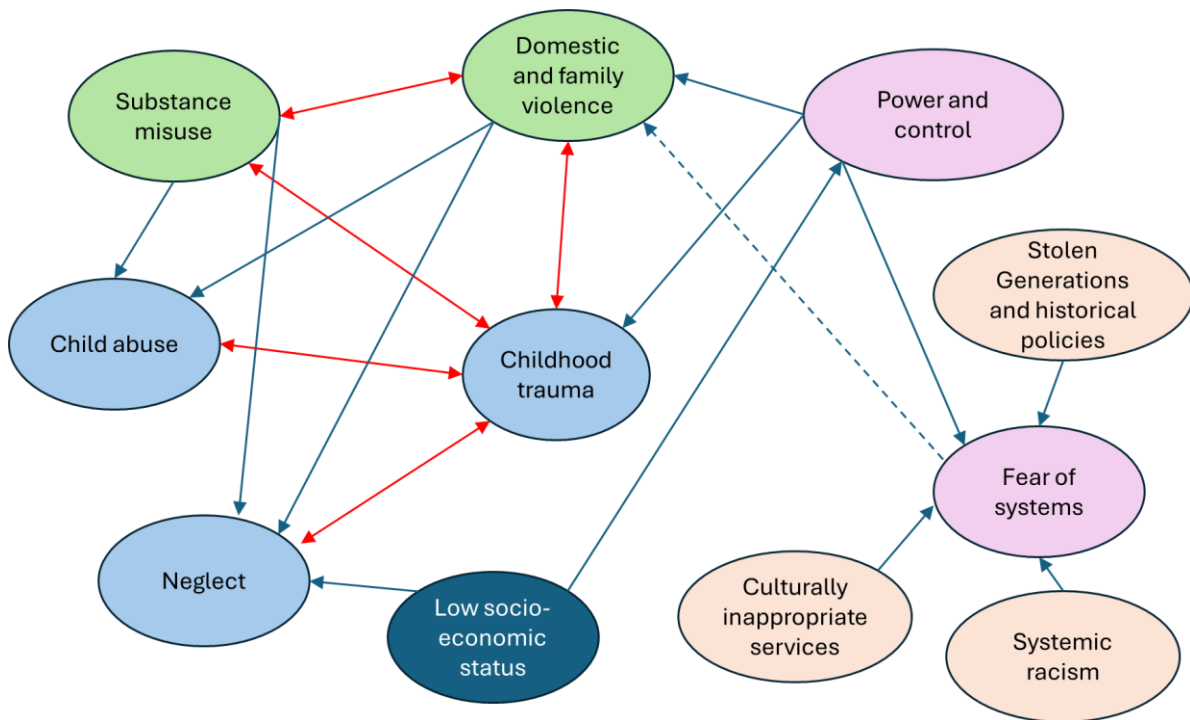
Drivers of DFSV

CAFFSA recognises that, although DFV is referred to in the singular, there are many nuances to the way violence is used. Rather than identifying a single cause, DFV is individualised and develops due to intersecting factors. There are systemic drivers that initiate and maintain DFSV, and these must be identified for preventative strategies to be successful.

The drivers of DFSV are well articulated in other submissions to the Commission, particularly those by Embolden and Our Watch. CAFFSA supports the recognition of these drivers and adds additional considerations through the lens of intergenerational trauma. These drivers are shown in **Figure 1**.

Figure 1

Intergenerational Drivers of DFSV



One of the most significant and consistent factors associated with the use of violence as an adult is the experience of violence as a child. Although most children who experience violence do not become perpetrators, childhood violence remains a significant factor. Men who use violence, and who witnessed parental violence as children, are more likely to be classified as generally violent towards family and are more likely to perpetrate violence again after intervention as compared to men with no intergenerational DFV.¹ The Australian Child Maltreatment Study found that 43.8% of

¹ Fowler, D. R., Cantos, A. L., & Miller, S. A. (2016). Exposure to violence, typology, and recidivism in a probation sample of domestic violence perpetrators. *Child abuse & neglect*, 59, 66-77.

Australians experience DFV as children², making the experience of childhood violence a ubiquitous one. Rather than an isolated situation requiring tertiary intervention, childhood experiences of violence are common and intersect with all other public health issues.

The prevention of childhood violence, in all its forms, is critical for any intergenerational change to occur. The South Australian government must appropriately prioritise and resource family support services as a priority.

Despite this clear connection shown by research, the child protection and family support sector remain significantly underfunded, and many programs are not supported to ensure sustainability. These issues are outlined in CAFFSA's Workforce Mapping Report, which was undertaken in 2022 with the South Australian Out-of-Home Care NGO workforce.²³ Within a public health approach, the child protection and family support sectors significantly overlap with the DFV sector. Many of the same drivers are relevant across sectors and should be addressed through whole-of-government interventions. The ongoing fragmentation across sectors – despite them facing similar challenges and supporting overlapping clients – continue to undermine any attempts to create change.

Some of the following factors are considered as either drivers of violence or contributing to increased risk for women and children, with their particular relevance to the child protection and family support sector highlighted:

Power and control are embedded in cultural norms: A desire to exert power and control over a partner or family member underlies most uses of violence. Societal attitudes and cultural norms that perpetuate gender inequality and normalize violence and discrimination against women are recognized as critical factors. Current attitudes towards DFV have plateaued, but are not reducing, indicating that more efforts are needed to shift these cultural norms.³

- Power and control may be similarly mirrored in punitive systems responses. Women are sometimes blamed by child protection services for being unable to protect themselves, their children, or are required to reassure professionals that they will never again be in a relationship where violence is used against them.
- Child protection systems are highly forensic, where women are often forced to defend their actions, confront perpetrators, and engage in high conflict settings. These situations can retraumatise women who are then judged negatively for their trauma behaviours, such as by constructing their 'shutting down' responses as 'disengaged'.

Gender inequality: Structurally unequal power dynamics between genders contribute significantly to the prevalence of DFV. Research shows that gender inequality both contributes to and results from violence against women. However, attitudes toward gender equality and domestic violence are difficult to change, despite educational efforts. Younger people in particular see domestic violence

² Mathews B, Pacella RE, Scott JG, Finkelhor D, Meinck F, Higgins DJ, Erskine HE, Thomas HJ, Lawrence D, Haslam DM, Malacova E, Dunne MP. (2023). The prevalence of child maltreatment in Australia: findings from a national survey. *Med J Aust*; 218 (6 Suppl): S13-S18. <https://doi.org/10.5694/mja2.51873>.

³ Coumarelos, C., Roberts, N., Weeks, N., & Rasmussen, V. (2023). *Attitudes matter: The 2021 National Community Attitudes towards Violence against Women Survey (NCAS), Findings for young Australians* (Research report, 08/2023). ANROWS.

without recognizing its gendered aspects and even perceive men as unfairly labelled as the primary perpetrators.⁹

- The lack of diversity in the child protection and family support workforce may perpetuate gender and other types of inequality. The diversity of the workforce must reflect the diversity of the clients who are receiving services; however, most child protection and family support practitioners are women. There are current challenges in recruitment and retention that make considerations such as diversity secondary.
- Peer support and lived experience workers are critical to an effective approach where power differentials are equalised. Greater resources should be directed to developing this component of the workforce.

Low socioeconomic status: Financial pressures and economic instability can exacerbate tensions and contribute to violence. Access to fewer resources can reduce the level of service provision families receive to address drivers of violence.

- Low socio-economic status is consistently associated with an increased likelihood of child maltreatment. Families experiencing financial stress, housing instability, and economic hardship are at a higher risk for DFV, child maltreatment and involvement with child protection services.⁴ Most families in South Australia who are involved with child protection services experience systemic disadvantage and 24% of these families have a notification of DFV.⁵
- The involvement of child protective services can change the finances of families. When children are removed, parents usually lose payments, and when children are returned, the choice of which partner receives the payments must be made to ensure financial abuse does not occur.
- CAFFSA is aware that there are issues supporting families financially to address child protection concerns. High expectations are placed on families with no, few, or delayed supports for costs. These additional pressures can exacerbate violence rather than remedying it.

Substance misuse: Alcohol and drug abuse are significant contributing factors. Substance misuse may exacerbate the level of violence and influence intervention eligibility. Abstinence is often a condition of DFV treatment and therefore it is a precursor to any further intervention. There is a need for integrated support services that address both substance misuse and domestic violence, ensuring comprehensive care for affected individuals.

- Substance misuse can act as a barrier to reporting domestic violence, as women may fear legal repercussions or judgment if it is found that they use drugs. Women also fear that their children may be removed if substance misuse is discovered, leading to reduced reporting.
- CAFFSA is aware that there are considerable difficulties in accessing appropriate substance misuse support, as detailed in CAFFSA's submission to the SA AODS Strategy 2024-2030.⁶

⁴ Higgins, D.J. & Hunt, G.R. (2024) Child, parent and contextual factors associated with child protection system involvement and child maltreatment in the family: A rapid evidence review. *Australian Journal of Social Issues*, 59, 358–400. Available from: <https://doi.org/10.1002/ajs4.306>

⁵ Pilkington, R., & Lynch, J. (2023). Witness Statement Royal Commission into Early Childhood Education and Care.

⁶ CAFFSA. (2024). *Submission to the SA AODS Strategy 2024-2030*. <https://www.childandfamily-sa.org.au/aods-strategy-submission/>

Untreated mental health Issues: Untreated mental health problems can play a role in the perpetration of violence. CAFFSA recognises that violence is a choice and that most people with mental health difficulties do not choose to use violence.

- Intergenerational trauma is common in parents supported by child protection and family support services. Men who use violence often have their own trauma and intergenerational disadvantage, which can contribute to their behaviour through untreated PTSD symptoms, anxiety, or depression. Trauma-informed and perpetrator focused interventions are notably lacking.
- Severe and persistent mental health issues can lead to aggressive or controlling behaviours, impacting the safety and well-being of others. The difference between aggression or control due to mental health and DFV must be assessed and treated appropriately. These issues are particularly seen in young people who have experienced a history of child maltreatment and demonstrate challenging behaviours while in care. Without intervention, these behaviours may become evident in other relationships, such as intimate relationships. While this does not excuse the choice to use violence, the clear trajectory of children with regulation difficulties places responsibility on the government to recognise and intervene early to prevent future harm.

Intersectionality: Intersecting forms of discrimination and disadvantage, particularly affecting Aboriginal and Torres Strait Islander communities, exacerbate the risks of violence.

- Aboriginal women often fear reporting to the police due to potential custody issues and systemic racism, which can result in their own arrest or the removal of their children. Given the extensive and damaging history of the Stolen Generations, and the ongoing high rates of removal in South Australia⁷, these fears are justified and require greater investment in ACCOs to ensure culturally responsive services are being provided.
- Aboriginal women face systemic racism within the support systems, making them feel more vulnerable and less likely to seek help. This includes higher likelihood of incarceration, lower likelihood of being believed, and culturally inappropriate services.
- The media often neglects the stories of missing or murdered Aboriginal women, contributing to a sense of invisibility and lack of care for their issues.
- The media and service systems often represent the violence against Aboriginal women as a 'black issue' when violence is more commonly perpetrated by non-Aboriginal men against Aboriginal women.

In addition to understanding these factors, it is important to recognise that the individual drivers in any individual, family, or relationship may be unique. Research has made attempts to establish typologies of DFV, recognising that the symptomatology of violence may have different underlying aetiologies, particularly the difference between proactive and reactive aggression. There are also different patterns and impacts of these violences. These include intimate partner violence (both heterosexual and same-sex), child/adolescent violence against parents or siblings, elder abuse, and violence between extended family members. Each type has unique causes, characteristics, and responsibilities for perpetrators, requiring distinct responses from the State and services to prevent recurrence, protect victims, and promote overall wellbeing. There are many benefits to the differentiation of causes and types of violence:

⁷ Lawrie, A. (2024). *Holding on to Our Future: Final Report of the Inquiry into the application of the Aboriginal and Torres Strait Islander Child Placement Principle in the removal and placement of Aboriginal children and young people in South Australia*. Commission for Aboriginal Children and Young People.

- Moving away from a "one-size-fits-all" approach allows for more tailored and effective interventions for victims, perpetrators, and children affected by violence.
- The development of more accurate screening tools that can better identify risks and determine appropriate cases for mediation or judicial intervention.
- Better decision-making by understanding the full range of factors that may be influencing violence and the experience of women and children.⁸

The literature on typologies of DFV is not consistent and there are significant gaps. CAFFSA also notes the caution raised by both academics and sector members regarding the use of typologies. CAFFSA recognises that the impacts of violence on women and children must remain the central focus and the cause or intention behind violence does not change the damage done to victim/survivors. Typology may unintentionally excuse certain types of violence or downplay their significance. Therefore, the implementation of typology literature must always hold the experiences of women and children central. Greater research is needed to bring together the typology literature, use consistent methodology, and examine the implications of integrating typology into screening, decision-making, and intervention. Upcoming research into people who use violence is important to understand the scope, nuance, and underlying drivers of violence.

Research agenda

Research is critical to providing an evidence base for assessment and intervention. As already identified, there are many research gaps that impede the ability of policy and services to effectively address DFSV. CAFFSA supports the ANROWS research agenda as the priority for Australian DFSV research:⁹

Systems and Society

- Structural inequities
- Gender relations, gender norms and attitudes
- Trauma- and DFSV-informed, victim-centred systems

Priority Populations

- Aboriginal and Torres Strait Islander peoples
- Children and young people
- People who use DFSV

Types and Patterns of Violence

- Sexual violence
- Coercive control
- Economic abuse

There is still a notable gap in knowledge about children's experiences of DFV and interventions that address child outcomes. ANROWS highlights this evidence-gap in a research map. Only 24 studies examine parenting and parent-child interactions and 14 examine child outcomes (**Figure 2**). Of

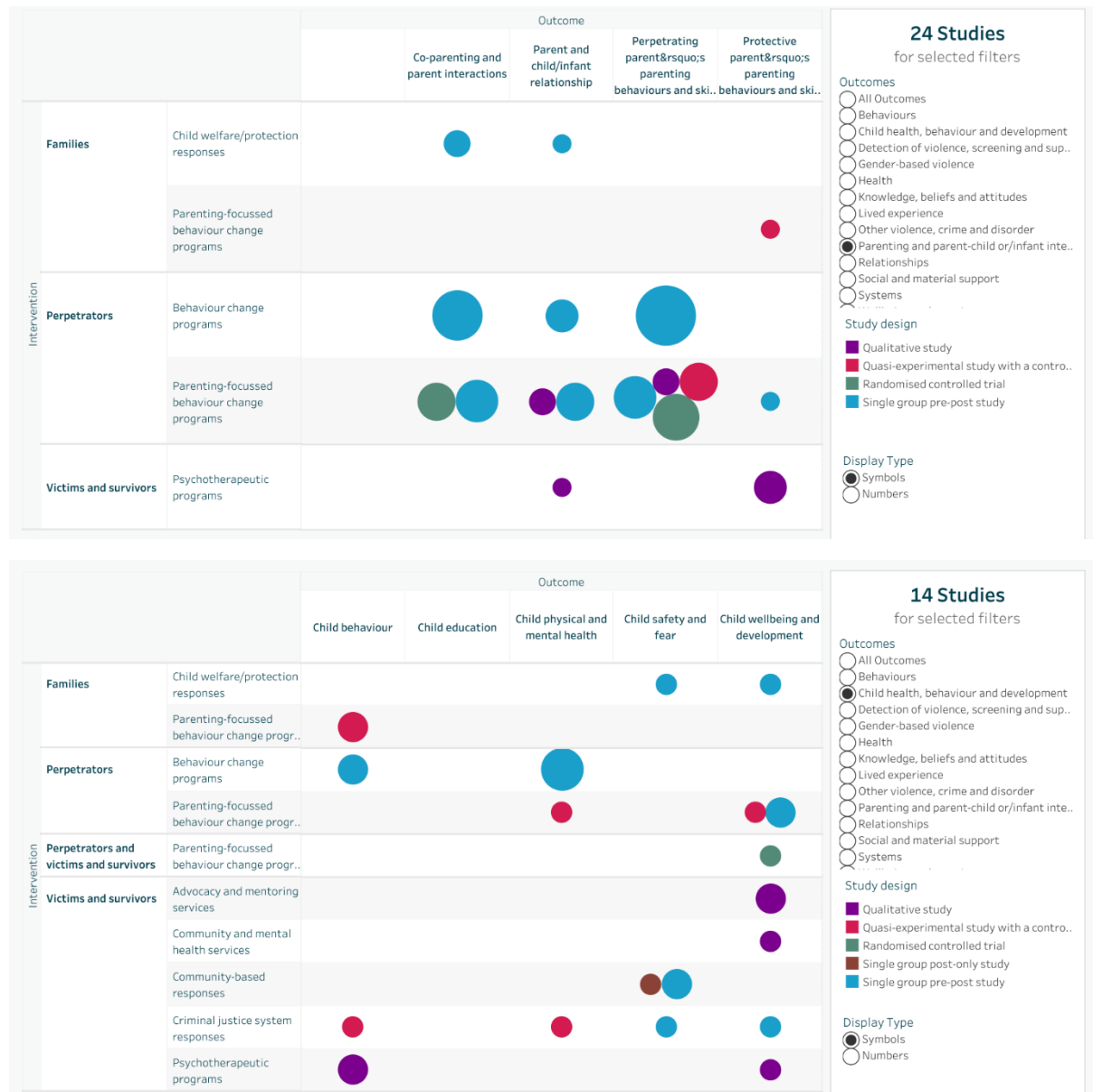
⁸ Wangmann, J. M. (2011). Different types of intimate partner violence-an exploration of the literature. *Australian Domestic & Family Violence Clearinghouse, Issues Paper, 22*.

⁹ Lloyd, J., Dembele, L., Dawes, C., Jane, S., & Macmillan, L. (2023). *The Australian National Research Agenda to End Violence against Women and Children (ANRA) 2023–2028*. ANROWS.

particular concern is that there were only 5 studies on 'child safety and fear'. This lack of focus demonstrates how children and their experiences of violence can remain invisible in an adult-centric system.

Figure 2

ANROWS Evidence-Gap Map for Child Outcomes and Parent-Child Interaction Studies



Prevention efforts in South Australia

CAFFSA argues that all intervention is prevention, due to the intergenerational nature of trauma. While some interventions may not appear preventive, most children who are clients of the child protection and family support sector will become parents and partners to others, and therefore all therapeutic interventions act preventively.

The current approach to both intervention and prevention in the sector is described as 'piece-meal' and does not focus on children. Much of the prevention conducted by the sector is self-funded and

based on recognition of the need to address the previously described drivers. There is limited preventive funding available with the focus firmly placed on children in out-of-home care, especially residential care, and addressing high risk behaviours.

The sector notes that prevention efforts in one area will have additional benefits to other areas, and preventive health should consider all social determinants of health. The current Preventive Health legislation is an important step to consolidating and coordinating preventive efforts, but it is unclear how well DFSV will be recognised as a preventable public health issue.

Systems and structures in Australia are set up in ways that can inequitably distribute resources to certain groups and restrict them from others. Consequently, some people in Australia are more likely to experience greater rates of DFSV because of the cumulative marginalisation and its associated disadvantage.⁹

Signs of domestic violence and coercive control are prevalent in everyday interactions, such as conversations with a hairdresser or barber. This highlights the need for a universal approach to address these issues early, rather than focusing solely on crisis responses. By adopting a public health approach, as discussed in other submissions, we can shift the focus to early intervention. This includes addressing attitudes of boys and men and providing developmentally appropriate education for young people to understand healthy and unhealthy relationships. Early intervention can significantly impact preventing domestic violence and supporting those affected.

Barriers to addressing DFSV

There are numerous barriers to families engaging with DFSV services and supports. This submission focuses on what CAFFSA views as the most relevant to the child protection and family support sector, namely the prevalence of victim blaming in the system, women and children being harmed by systems, the lack of mandated perpetrator interventions, and unaffordable housing.

Victim blaming

Victim blaming occurs when women are held accountable for any violence enacted against them or their children, either through action or inaction. One of the most significant barriers to women seeking support is the fear of statutory child protection systems removing their children because of victim blaming. The experiences of women in the child protection sector demonstrate that they are often held accountable for protecting themselves and their children, while men who use violence rarely engage with services.¹⁰ This not only places pressure on women to manage someone else's violence but also punishes them for being unable to protect themselves. Women who have sought

¹⁰ Roberts, D., Chamberlain, P., & Delfabbro, P. (2014). Women's Experiences of the Processes Associated with the Family Court of Australia in the Context of Domestic Violence: A Thematic Analysis. *Psychiatry, Psychology and Law*, 22(4), 599–615. <https://doi.org/10.1080/13218719.2014.960132>

services have reported that while they can receive counselling or crisis support to leave a violent relationship, there are few options to assist men to change their behaviour.

It is critical that all professionals involved in assessment, particularly child protection, family support services, family law court, SAPOL, and health staff, receive training in conducting DFSV informed assessments. Research has shown how child protection assessments can be biased towards women experiencing violence, and there are clear guidelines available to write in a DFSV and trauma-informed way.¹¹ CAFFSA is aware that most assessments remain biased and that utilisation of these trauma-informed guidelines is not common.

[The Courts] have very little understanding of this family violence and of women staying and the whole cycle of violence and I think that's the biggest thing: you, and I got this a lot, you are the one who exposed your child to this violence, so it was my fault, it wasn't that he was a violent person, I was the one at fault, I was the person that put her in that situation, therefore I am a bad mother, . . . and it's nothing to do with him being a bad father or a bad husband or partner because he was the one behaving that way.¹⁰

Harmed by systems

While systems are intended to help, many women and children report experiencing further oppression and re-traumatisation after seeking support. Women have stated that the abuse shifts from the person using violence to statutory systems, who are also perceived as abusers. Rather than having a harm minimisation approach, women report that they are coerced into receiving services or taking actions that they do not feel are in their best interests.

One example provided to CAFFSA illustrates this point. A DFV worker has been assisting a young girl who was sexually abused by an older boy. SAPOL have been involved, but they visited the girl's home without prior notice, which was problematic because her father was unaware of the abuse, and she had not yet felt brave enough to tell him. This uncoordinated approach almost damaged the trust the girl had built with the worker.

The worker believes that SAPOL needs to adopt more child-friendly practices and better understand the delicate situations these young people are in. It was suggested that police should first coordinate with other partners working with the child to avoid disrupting the support system already in place.

Another way in which the system harms is through eligibility criteria. Often, the criteria for different services create gaps where women and children cannot receive any support. For example, one

¹¹ De Simone, T., & Heward-Belle, S. (2020). Evidencing better child protection practice: Why representations of domestic violence matter. *Current Issues in Criminal Justice*, 32(4), 403-419.

worker explained to CAFFSA situations where callers reach out to Domestic Violence Crisis Line but are not eligible for their services. They are then redirected to Homeless Connect SA simply because they have spent several nights on a couch or are not ready to leave their relationship. This is an example of systems abuse. People are categorised based on their eligibility for services, but there is no focus on elevating and supporting connectedness across systems so that a woman receives support at all points of her journey.

Systems also create further vulnerability for some cohorts due to intersectional identities. The Our Watch submission identifies that these additional vulnerabilities arise from:

- **Racism, and colonialism:** Focus on preventing violence against Aboriginal and Torres Strait Islander women through participation in the Action Plans developed under the national frameworks and the emerging National Aboriginal and Torres Strait Islander Family Safety Plan.
- **Ableism:** Addressing violence against women and girls with disabilities. The Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability provides 222 recommendations required to protect people with disability.
- **Homophobia, transphobia, and heteronormativity:** Developing a framework to address violence against LGBTIQ+ people and communities.
- **Immigrant racism:** Building a deeper understanding of violence against refugee and migrant communities and the necessary actions to address it.¹²

For these women, seeking help can easily result in greater harm being done to them, both by a retaliatory partner and by systems abuse.

Women in the child protection and family support sector also report the following barriers:

- Outstanding fines or criminal justice issues that leave them fearful of engaging with SAPOL.
- Delayed response times and the closeness of communities in regional and remote areas. This may mean that women are not believed due to strong alliances between the perpetrator and the community professionals.
- Inadequate finances, particularly where Centrelink payments are in the name of the partner.
- Lack of a driver's license or vehicle.
- Pets that are not accepted in alternative accommodation.
- Drug use with fear of losing access to drugs or being prosecuted by police.

Lack of mandated perpetrator interventions

CAFFSA is aware that women may not disclose DFV as there is a lack of supportive interventions for men who use violence. Many women wish to remain in their relationship but want the violence to stop. They often state that they do not want men to be punished, which is frequently what occurs when a criminal response is initiated. Women report instead a desire for therapeutic and educational services to address the violence and support men to change. These types of interventions are lacking in South Australia, particularly when engagement can or must be voluntary.

¹²Our Watch. (2024). *Our Watch Submission to the South Australian Royal Commission into Domestic, Family and Sexual Violence*. <https://assets.ourwatch.org.au/assets/Submissions/OW-Submission-to-the-SA-Royal-Commission-into-Domestic-Family-and-Sexual-Violence.pdf>

There are often complex relationships between children and men who use violence, and it is not always possible to 'remove' either the child or the person using violence. In child protection, children may experience violence from a parent, partner of their parent, unsafe people in the home, or older siblings. Some children may experience violence from all of these sources. Whether these relationships continue also varies. Some children may not want to have any relationship with the man who uses violence, while others want to retain a safe relationship provided it is free of violence. Given this diversity, improvements to men's behaviour are imperative to children's well-being, recognising that few relationships will end completely. Yet the focus of services remains on removing women and/or children from the relationship, forcibly controlling communication and interaction, applying for legal orders, and placing responsibility on the mother to improve her safety.

There is a need for specific targeted programs that can work with men as they become engaged with child protections system. One of the few ways to engage fathers in services is to target their desire to maintain and improve relationships with their children. A clear message must be that, when a man chooses to perpetrate domestic violence where there are children present, or his partner is pregnant, he is making a poor parenting choice that is harming the child/ren. Harm from violence includes undermining women's parenting directly or indirectly, creating an environment of fear, and failing to provide appropriate parenting themselves.

Housing

The critical lack of affordable housing in South Australia is both a reason why women choose to remain living with a person using violence and why women and children experience harms if they choose to leave. The lack of affordable housing results in ongoing displacement for women and children who cannot establish a felt sense of safety. This displacement results in loss of employment and disconnection from family relationships that act as a protective factor. Similarly, men release on bail may lack housing, leading to coercion for women to allow them to return to the family home. This creates a situation of ongoing harassment that is not easily solved due to the limited options.

Adelaide has the highest inflation cost of all capital cities, with the typical South Australian family is more than \$20,000 worse off in comparison to previous years.¹³ In 2023, 80% of low-income South Australians reported 'rental stress' (spending more than 30% of their income on rent) and 41% reported 'rental crisis' (spending more than 50% of their income on rent). This stress affected their physical and mental health.¹⁴ Many women exit crisis accommodation into homelessness, with 42% of all clients presenting to Specialist Homelessness Services because they are escaping violence.¹⁵

CAFFSA strongly supports the use of initiatives such as Staying Home Leaving Violence program in Victoria.¹⁶ These types of interventions place accountability on the perpetrator and allow the woman and children to remain at home and avoid displacement.

Young people are also at significant risk of homelessness. Some young people experience violence both at home and with intimate partners. Youth Foyers provide 16–24-year-olds at risk of or experiencing homelessness with a safe and stable home for up to two years, with integrated learning

¹³ Hansard Daily. (2024). *Supply Bill 2024*. <https://hansardsearch.parliament.sa.gov.au/daily/uh/2024-06-04/44>

¹⁴ Antipoverty Network SA. (2023). *A snapshot from 301 low-income renters*. <https://apn-sa.org/wp-content/uploads/2023/11/apnsa-renters-survey-2023-hd.pdf>

¹⁵ AHURI. (2022). *Housing, homelessness and domestic and family violence*.

<https://www.ahuri.edu.au/analysis/brief/housing-homelessness-and-domestic-and-family-violence>

¹⁶ [Staying Home Leaving Violence | Communities and Justice \(nsw.gov.au\)](https://www.nsw.gov.au/staying-home-leaving-violence)

and work supports all under one roof. Initiatives such as the Foyers model, and the Tiny Homes Campus developed by Junction, are critical to supporting young people's safety.

Best practices

Most violence is multi-type and requires an approach that recognises the diversity in how violence is used, and the various contexts is required.¹⁷

CAFFSA proposes the following principles should underpin all approaches:

- **Holistic approach:** Emphasizing the importance of working with the entire family system, including men who use violence, to ensure safety and support for all family members.
- **Collaboration:** Highlighting the need for coordinated efforts between service providers, police, health services, and NGOs to effectively address domestic and family violence.
- **Early intervention:** Stressing the importance of early intervention programs, including education on healthy relationships in schools to prevent future violence. Support should be provided at all points in someone's journey to a safer life.
- **Support for diverse groups:** Recognizing the unique needs of Aboriginal people, multicultural communities, and those in regional areas, ensuring they have equal access to services and support.
- **Lived experience:** All interventions should be co-designed and continuously reviewed by those with lived experience.

Building on the above principles, the following best-practice guidance is recommended.

Perpetrator focused interventions

Separation is often viewed as a panacea to DFV and is still pursued by child protection and support services as the primary response. However, evidence shows that separation does not end abuse, which may escalate or continue in other forms. When the person using violence is a parent to the children, the parents may be required to establish a co-parenting relationship in the absence of requirements for the perpetrator to not have contact with the children.

One of the challenges faced by services for men who use violence is the need to mandate engagement and have medium to long-term interventions. The sector recognises that behavioural change, particularly behaviours based on childhood trauma and long-standing attitudes of gender inequality, take time to shift. Men can rarely be educated about DFSV enough for behaviours to change. Instead, reflective and therapeutic work needs to take place where men are held accountable for their actions. There was also emphasis on the need to have outcomes-based, rather than output-based, assessment of men's parenting capacity. In essence, this means that men must be assessed on their recent behaviours towards women and children, not the number of sessions they have attended of a service. The current assessments are not sufficient in the child protection sector, where they use cross-sectional rather than longitudinal data. Information is assessed at a

¹⁷ Higgins DJ, Mathews B, Pacella R, et al. (2023). The prevalence and nature of multi-type child maltreatment in Australia. *Med J Aust*; 218 (6 Suppl): S19-S25. <https://doi.org/10.5694/mja2.51868>.

point in time but there is no assessment of the capacity to change based on the living experiences of women and children who continue to experience the actions of the perpetrator.

Often, intervention is assumed once a perpetrator is arrested, however, there are still barriers to accessing services. A worker in the domestic violence sector shared an experience about a man in prison for multiple domestic violence offenses. The man could not access any rehabilitation programs until he was officially charged. This is problematic because many women eventually drop the charges, leaving these men in prison without access to necessary programs like anger management. This gap represents a missed opportunity to address the behaviour of a significant group of offenders and need to be addressed.

Multi-disciplinary and family focused

CAFFSA is aware of programs that aim to address DFV as a family unit rather than requiring the woman to have separated from the person using violence. Services should view the situation through multiple lenses and offer women support accordingly. Service provision should include legal advice, mental health support, DFV support, housing, SAPOL, and parenting support.

An important factor in why these services succeed is that they are flexible and adaptive. In systems, such as child protection and policing, flexibility is lacking, resulting in rigid responses that are not person-centred. Without recognising and responding to the unique needs of the family, services often lack effectiveness, where any gains can be lost due to eligibility criteria (e.g. once the parents decide to remain with their partner, they must seek new services despite having an effective therapeutic relationship). Women often hesitate to seek services again because they are required to repeatedly recount their traumatic experiences to prove their need for support, regardless of the fact that have reconnected with their abuser. Although the sector understands the cycles of leaving an abusive relationship, current service responses do not adequately accommodate these cycles. Rather than being criteria based, services should be relationship based, with coordination and collaboration flexibly meeting the changing needs of the family while retaining a consistent therapeutic connection.

The Family Safety Framework and Multi-Agency Protection Services are not thought to be sufficient to meet the needs of South Australia. Only the highest risk families are being assessed and the information is not provided early enough to intervene. Further, the meetings have been identified as needing more ongoing information sharing and action plans to allow the monitoring and management of risk. This takes time and considerable resources to implement.

Safe separation services

It is also important to have the right service involved with families. For women who are separating, this may be either the Family Law Court, or the Department for Child Protection, or both. Currently, these roles are often blurred and at times women receive conflicting advice. For example, one woman was told by DCP that she must go through Family Law Court to apply for separation and restrict contact with the children's father. The advice from DFV services was for the woman to obtain written material from DCP to state that the father was unsafe to be around the children and avoid Family Law Court. For this family, the safety of the children and the custody of the children were seen as two different issues to be addressed by two different systems. It is clear that DCP should only be involved when a child's safety is at risk and there is no parent willing or able to keep them safe from harm. With appropriate support, most women separating can keep their children safe but need legal authority to support them to manage safe contact. As such, there should be

clearer guidance on the intersection of DCP and Family Law Court, and their associated roles and responsibilities.

The current Family Law Process is not well utilised by women. There are several reasons for this; firstly, women may feel highly intimidated by the court process.¹⁸ The rigid requirements still force women to be in proximity to perpetrators, repeat their traumatic history, and have their experience scrutinised.¹⁹ Other women do not know about their option to go through Family Law Court processes, particularly Aboriginal women. The court is not seen as a supportive option to help families create structured and safe co-parenting arrangements. Finally, the processes of the Family Law Court are protracted, with many families reporting two or more years before final orders are achieved.

The family court's traumatised [my child], and re-traumatised her, and re-traumatised her, to the point where she can't function in the world properly.¹⁹

For some women, their experience of DFSV has been so severe that they can no longer parent safely, even after separation. Research with DFV shelters reports that women struggle with persistent mental ill-health, inappropriate management of finances, unmanaged challenging and high-risk child behaviours, neglect, concerning physical discipline strategies, and parentification of children. DFV shelters are not resourced and often not equipped to manage these needs, despite the provision of support.²⁰ Agencies have advised that DCP often states that the children are safe given that they are staying in a well-resourced shelter, and therefore no case is opened. In these situations, women may not engage in interventions to improve their parenting or allow their children to receive services, leaving the shelter only documenting harm until the point that DCP screens in the notification. During this time, children are experiencing cumulative harm that negatively impacts their development. It is recommended that DCP develop statutory approaches to supporting children while still living in the care of one or more parent, providing collaborative case management to address high risk. Pilots of these services have shown success for families.²¹

Agencies have also expressed concern that notes taken regarding support or advice offered to women are subpoenaed for court proceedings. These can be used to disparage the woman and influence custody decisions. One CAFFSA agency highlighted the importance of protecting clients undertaking counselling while also engaged in Family Law proceedings, ensuring their disclosures are safeguarded from being accessed by others, such as ex-partners in court. A recent court case upheld

¹⁸ Roberts, D., Chamberlain, P., & Delfabbro, P. (2014). Women's Experiences of the Processes Associated with the Family Court of Australia in the Context of Domestic Violence: A Thematic Analysis. *Psychiatry, Psychology and Law*, 22(4), 599–615. <https://doi.org/10.1080/13218719.2014.960132>

¹⁹ Francia, L., Milliar, P., & Sharman, R. (2019). Addressing family violence post separation – mothers and fathers' experiences from Australia. *Journal of Child Custody*, 16(3), 211–235. <https://doi.org/10.1080/15379418.2019.1583151>

²⁰ Bastian, C., Wendt, S., Cunningham, T., & Bromley, A. (In Press). Understanding services provided to children in DFV shelters: exposing the "invisible" work. *British Journal of Social Work*.

²¹ Wendt, S., Bastian, C., & Bromley, A. (2023). *Building collaboration at the intersection of domestic and family violence and child protection: KKY and DCP*. Unpublished.

the right to protect client information after the ex-partner attempted to subpoena the information, emphasizing the need for clear protections to encourage women, especially those with children, to disclose their situations without fear of repercussions.

A competent and sustainable workforce

Regardless of the type of intervention, program, or structure of the system, the workforce will always hold the key to systemic change. All interventions are enacted by the workforce, carried and translated into response to victims/survivors and their children via their values, biases, behaviours, and competencies. Without focusing on a skilled workforce, change efforts may quickly become ineffective.²² Further, skilled staff can work to overcome systemic barriers and embed best-practice responses for families. These workers need to be supported and sustained in the workforce to enhance expertise, mentor new staff, and retain relational continuity with families.

All human services agencies should have staff who are knowledgeable about domestic and family violence and experienced in providing evidence-based responses, and this should be a minimum standard across the sector. Agencies that do not specifically provide domestic violence services but do have touchpoints with potential victims/survivors and/or children should invest in training their staff to enhance their understanding and capabilities in this area. This type of specialist knowledge embedded in generalist practices will better support all services to become entry pathways for effective support for women and children.

Human services across Australia are struggling to recruit and retain a suitable workforce. CAFFSA's work²³ recognizes the gaps in the workforce in this area and the need to better embed DFSV knowledge alongside other bodies of knowledge. CAFFSA is well placed to further this workforce development and would welcome the opportunity to facilitate effective development, coordination, and collaboration across sectors. Clear mapping of the knowledge of the sector, pathways into and out of the sector, and engagement of shared clients across services is needed to plan for change.

Special considerations

The following cohorts are identified as having additional needs and considerations to uphold their safety. These cohorts are young people, children, women with a history of childhood trauma and families in rural, remote, and regional locations.

Young people experiencing violence, including digital violence

Young people often face unique challenges and barriers when it comes to accessing support services, particularly in the context of domestic and family violence. One significant issue is the normalization of coercive control in relationships. This normalization is often influenced by social media platforms like Snapchat, where certain behaviours are portrayed as acceptable or even desirable. This can lead to young people not recognizing the signs of unhealthy or abusive relationships, making it harder for them to seek help or understand that they need support.

Another major challenge is the lack of services specifically tailored for young people. This gap is even more pronounced for those in LGBTQ+ communities, who may face additional layers of

²² Bromley, A. R. (2023). Flexibility within fidelity: a narrative review of practitioner modifications to child welfare interventions. *Children and Youth Services Review*, 149, 106908.

²³ CAFFSA. (2023). *Final report on the out of home care workforce mapping project*. <https://www.childandfamily-sa.org.au/226508-2/>

discrimination and misunderstanding. The absence of targeted services means that young people often do not receive the specialized support they need, which can exacerbate their vulnerabilities and make it more difficult for them to escape abusive situations.

In regional and rural areas, young people encounter additional barriers. These include a lack of anonymity, which can deter them from seeking help due to fear of stigma or gossip within tight-knit communities. Additionally, response times from local authorities and support services can be slower, further complicating their ability to access timely and effective assistance. The geographical isolation also means fewer resources and support networks are available, leaving young people feeling even more isolated and unsupported.

Education plays a crucial role in addressing these issues. For example, technology facilitated control, such as constant checking in on the other person throughout the day, is one of the least recognised forms of violence by young people.²⁴

There is a strong need for developmentally appropriate education that helps young people understand what constitutes a healthy relationship. Early education can empower them with the knowledge and skills to recognize and resist coercive control and other forms of abuse.

Children's needs after parental separation

While there is now recognition of the negative impacts of violence on children, even when they are not the direct recipients of physical abuse. Children's needs are still less visible, however. When a woman leaves a relationship where violence was used against her, her children will often accompany her to a shelter. It is important to recognise that, for children, safety is **not** determined by where they live but by the **relationship** they have with their primary caregivers.

The Australian Association of Infant Mental Health have produced a position paper on the matter of infants within these shelters that is crucial to developing improved services. In many situations, the person using violence has kept the woman and children isolated from support. The primary form of safety for the infant is in the relationship with their mother but this can be negatively impacted due to DFV and is not always resolved once the immediate threat has ceased. Parents of infants may require therapeutic relational support as an early and ongoing intervention. Supporting perinatal mental health for mothers and infants in crisis is applicable across all sectors and needs more visibility and resourcing.

The key point of stressing infant mental health is that it is time-critical. Brain development in the early years is dependent on a sensitive caregiver who is attuned to the cues of their baby. This relational patterning creates physiological regulation that persists into adulthood. Research has shown that disruption, including DFV, during the first two months of an infant's life can have ongoing negative impacts that are still visible at 12 years of age.²⁵ This stress is primarily buffered by supportive relationships and the opportunity to engage in developmental play.²⁶ Yet these opportunities may not be present in a shelter setting.

²⁴ Carlisle, E., Coumarelos, C., Minter, K., & Lohmeyer, B. (2022). *"It depends on what the definition of domestic violence is": How young Australians conceptualise domestic violence and abuse* (Research report, 09/2022). ANROWS.

²⁵ Hambrick, E. P., Brawner, T. W., & Perry, B. D. (2019). Timing of early-life stress and the development of brain-related capacities. *Frontiers in behavioral neuroscience*, 13, 457568.

²⁶ Ludy-Dobson, C. R., & Perry, B. D. (2010). The role of healthy relational interactions in buffering the impact of childhood trauma. *Working with children to heal interpersonal trauma: The power of play*, 26, 43.

Women are often not eligible for referrals until they have stable accommodation, which can take considerable time to secure. The long wait list of those seeking support drives the service closure for mothers and young children before any lasting recovery and healing from early relational trauma is able to be provided. Child-parent psychotherapy is the gold standard for treating DFV in children under age five, however, Australian evidence shows that women's mental health still requires additional intervention in order for children to benefit from treatment.²⁷

Women who have a history of childhood trauma

DFSV in adults significantly intersects with childhood trauma. The below information has been provided by CAFFSA in previous submissions to the SA Government and is also relevant here.²⁸

Children who have experienced maltreatment are particularly vulnerable to further victimisation as adults. Those most likely to be revictimised have experienced sexual abuse in their childhood and may feel responsible for their abuse. They may show symptoms indicative of Post Traumatic Stress Disorder, engage in high-risk behaviours, use drugs and/or alcohol for self-regulation, have experienced more than one type of maltreatment in their childhood, and generally use coping strategies identified as maladaptive.^{29 30} The above listed factors are prevalent for young people who have experienced childhood maltreatment, particularly those leaving out-of-home care (OOHC). Further, the only protective factor identified for revictimisation is that of perceived parental care.³¹ While many young people in OOHC may maintain close relationships with their caregivers, factors such as placement breakdowns, high rates of residential care staffed by professionals, and the loss of support to young people leaving OOHC means that some young people have few to no adults to support them.³² The culmination of these factors highlights the levels of vulnerability for DFSV victimisation of the OOHC population.

The effects of childhood trauma create further risk factors in adulthood. Adults with a history of childhood maltreatment are more likely to develop Post Traumatic Stress Disorder, Major Depressive Disorder, Generalised Anxiety Disorder, and Alcohol Use Disorder,³³ and to engage in self-harm or suicide attempts, binge drink, and be cannabis dependent.³⁴ As discussed above, these

²⁷ Hooker, L., Humphreys, C., Taft, A., Toone, E., & Wendt, S. (2022). *Recover-Reconnecting Mothers and Children After Family Violence: The Child-parent Psychotherapy Pilot*. Australia's National Research Organisation for Women's Safety.

²⁸ CAFFSA. (2024). *Review of Consent Laws in South Australia 2024*. <https://www.childandfamily-sa.org.au/wp-content/uploads/2024/02/Submission-on-the-review-of-consent-laws-in-South-Australia.pdf>

²⁹ Filipas, H. H., & Ullman, S. E. (2006). Child Sexual Abuse, Coping Responses, Self-Blame, Posttraumatic Stress Disorder, and Adult Sexual Revictimization. *Journal of Interpersonal Violence*, 21(5), 652-672. <https://doi.org/10.1177/0886260506286879>

³⁰ Scoglio, A. A. J., Kraus, S. W., Saczynski, J., Jooma, S., & Molnar, B. E. (2021). Systematic Review of Risk and Protective Factors for Revictimization After Child Sexual Abuse. *Trauma, Violence, & Abuse*, 22(1), 41-53. <https://doi.org/10.1177/1524838018823274>

³¹ Ibid.

³² McDowall, J. J. (2020). *Transitioning to Adulthood from Out-of-Home Care: Independence or Interdependence*. CREATE Foundation. <https://create.org.au/wp-content/uploads/2021/05/CREATE-Post-Care-Report-2021-LR.pdf>

³³ Scott J. G., Malacova E., Mathews B., et al. (2023). The association between child maltreatment and mental disorders in the Australian Child Maltreatment Study. *Med J Aust*. 218 (6 Suppl): S26-S33. <https://www.acms.au/findings/>

³⁴ Lawrence D, et al. (2023). The association between child maltreatment and health risk behaviours and conditions throughout life: The Australian Child Maltreatment Study. *Med J Aust*. 218 (6). <https://www.acms.au/findings/>

disorders may increase vulnerability and maladaptive coping strategies, as well as reduce the likelihood of reaching out for support in the event of DFSV victimization.

Sexual assault is a particularly deleterious form of trauma, resulting in effects that are complex. One common response to sexual assault is that of tonic immobility, often referred to as a 'freeze' response, which can occur in 70% of cases.³⁵ This response is also correlated to the later development of PTSD symptoms. Another important trauma response is dissociation. Dissociation is defined as "the tendency to move outside one's body and feel detached from reality is usually experienced as outside one's control and has been conceptualized as a defence mechanism to protect oneself from emotional distress".³⁶ Dissociation is more likely for adults who have experienced childhood or relational trauma.³⁷ Both dissociation and tonic immobility have implications for an individual's capacity to consent and testify.

Trauma also significantly affects memory. Research has shown that highly traumatic memories of sexual victimisation are not impaired and retain vividness and detail over time.³⁸ However, PTSD and depression affect memory, resulting in an overall decrease in recalling specific details of negative memories.³⁹ Therefore, people with PTSD and depression may be less likely to be able to provide an accurate account of being sexually assaulted. Some people may be more likely to experience memories and new details while intoxicated, especially if they were intoxicated during the sexual assault.⁴⁰ Given that the OOH population typically show high rates of PTSD and depressive symptoms, as well as alcohol use, special consideration should be given regarding disclosures of the assault and later testimony.

These factors significantly impede women's capacity to engage with and navigate statutory systems that often require recollection of traumatic events and affect considered suitable to 'a victim'. Women with a history of childhood trauma are therefore not only vulnerable to perpetrators of DFSV but to systems abuse that does not have a trauma-informed lens.

Rural, regional, and remote locations

In regional areas, there is a significant disparity in access to services for both perpetrators and survivors of domestic violence compared to metropolitan areas. Metro service providers often have a wide range of counselling and healing services, while regional areas lack such resources. Men in these areas who seek support to address their behaviour often find limited options. Consequently,

³⁵ Möller A, Söndergaard HP, Helström L. (2017). Tonic immobility during sexual assault – a common reaction predicting post-traumatic stress disorder and severe depression. *Acta Obstet Gynecol Scand.* 96: 932–938.

³⁶ Bird, E. R., Seehuus, M., Clifton, J., & Rellini, A. H. (2014). Dissociation during sex and sexual arousal in women with and without a history of childhood sexual abuse. *Archives of Sexual Behavior*, 43, 953-964.

³⁷ Jowett, S., Karatzias, T., & Shevlin, M. (2021). Psychological trauma at different developmental stages and icd-11 CPTSD: the role of dissociation. *Journal of Trauma & Dissociation*, 23(1), 52-67. <https://doi.org/10.1080/15299732.2021.1934936>

³⁸ Peace, K. A., Porter, S., & ten Brinke, L. (2008). Are memories for sexually traumatic events "special"? A within-subjects investigation of trauma and memory in a clinical sample. *Memory*, 16(1), 10–21. <https://doi.org/10.1080/09658210701363583>

³⁹ Ono, M., Devilly, G. J., & Shum, D. H. K. (2016). A meta-analytic review of overgeneral memory: The role of trauma history, mood, and the presence of posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(2), 157–164. <https://doi.org/10.1037/tra0000027>

⁴⁰ Anna E. Jaffe, Jessica A. Blayney, Michele Bedard-Gilligan & Debra Kaysen (2019) Are trauma memories state-dependent? Intrusive memories following alcohol involved sexual assault, *European Journal of Psychotraumatology*, 10:1, 1634939, <https://doi.org/10.1080/20008198.2019.1634939>

regional services have had to rely on private funding from companies like BHP to provide necessary support.

Regional services report they cannot provide all necessary support, especially if clients choose to stay in their relationships, which often breaches eligibility criteria. This creates barriers to accessing services, where criteria for accepting clients are very narrow. There is a vast array of needs that services are unable to meet due to these limitations and CAFFSA views this as a social justice issue.

Concluding remarks

DFVS is not an isolated experience and is intertwined with other factors contributing to oppression. CAFFSA welcomes this Royal Commission and the opportunity to elevate the complexity of violence and intersecting issues experienced by women and children. Change is essential and urgent, and we applaud the opportunity to press for it in this most important of areas.

SUBMISSION ENDS